



This is a digital copy of a book that was preserved for generations on library shelves before it was carefully scanned by Google as part of a project to make the world's books discoverable online.

It has survived long enough for the copyright to expire and the book to enter the public domain. A public domain book is one that was never subject to copyright or whose legal copyright term has expired. Whether a book is in the public domain may vary country to country. Public domain books are our gateways to the past, representing a wealth of history, culture and knowledge that's often difficult to discover.

Marks, notations and other marginalia present in the original volume will appear in this file - a reminder of this book's long journey from the publisher to a library and finally to you.

Usage guidelines

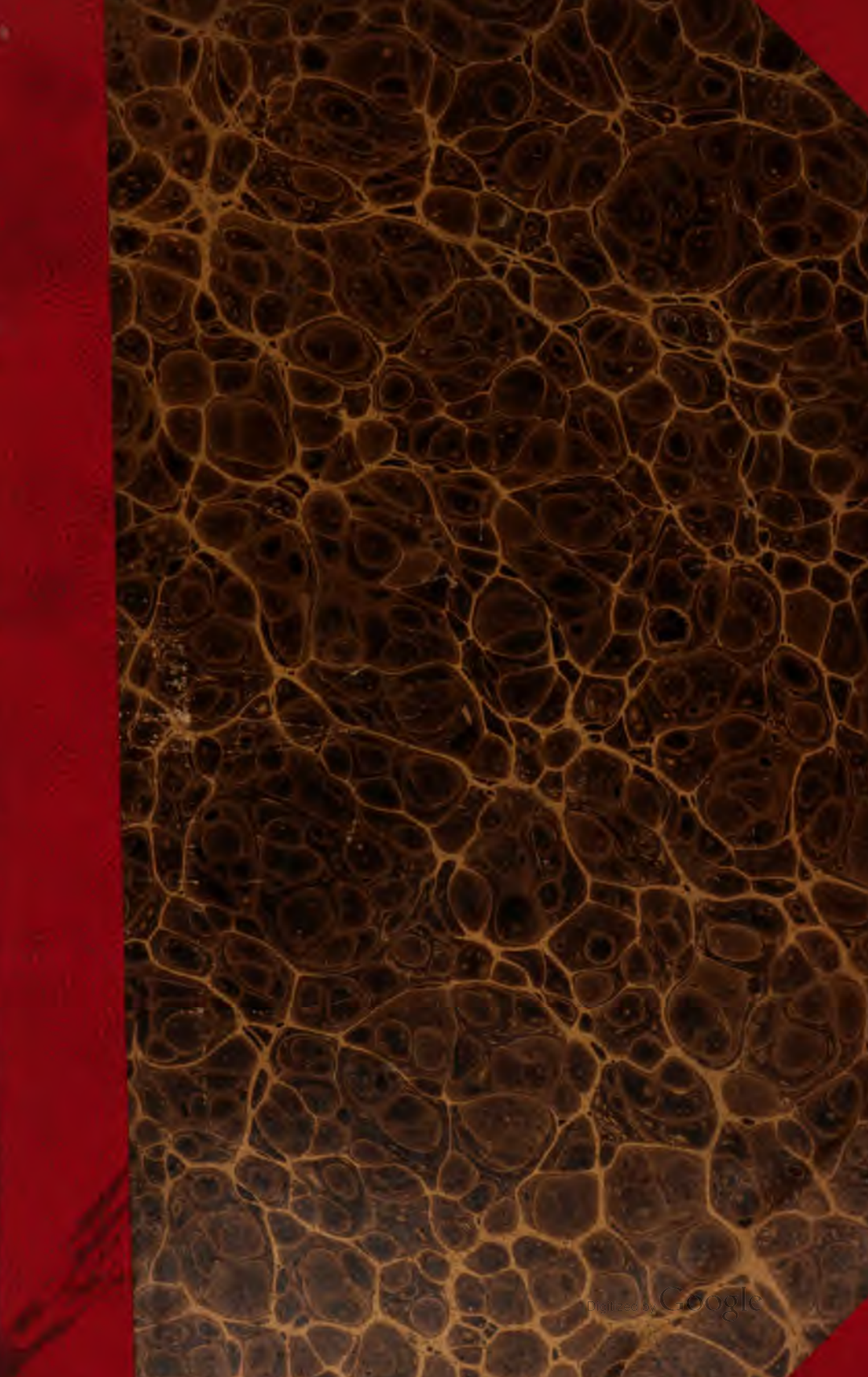
Google is proud to partner with libraries to digitize public domain materials and make them widely accessible. Public domain books belong to the public and we are merely their custodians. Nevertheless, this work is expensive, so in order to keep providing this resource, we have taken steps to prevent abuse by commercial parties, including placing technical restrictions on automated querying.

We also ask that you:

- + *Make non-commercial use of the files* We designed Google Book Search for use by individuals, and we request that you use these files for personal, non-commercial purposes.
- + *Refrain from automated querying* Do not send automated queries of any sort to Google's system: If you are conducting research on machine translation, optical character recognition or other areas where access to a large amount of text is helpful, please contact us. We encourage the use of public domain materials for these purposes and may be able to help.
- + *Maintain attribution* The Google "watermark" you see on each file is essential for informing people about this project and helping them find additional materials through Google Book Search. Please do not remove it.
- + *Keep it legal* Whatever your use, remember that you are responsible for ensuring that what you are doing is legal. Do not assume that just because we believe a book is in the public domain for users in the United States, that the work is also in the public domain for users in other countries. Whether a book is still in copyright varies from country to country, and we can't offer guidance on whether any specific use of any specific book is allowed. Please do not assume that a book's appearance in Google Book Search means it can be used in any manner anywhere in the world. Copyright infringement liability can be quite severe.

About Google Book Search

Google's mission is to organize the world's information and to make it universally accessible and useful. Google Book Search helps readers discover the world's books while helping authors and publishers reach new audiences. You can search through the full text of this book on the web at <http://books.google.com/>



No.

**BOSTON
MEDICAL LIBRARY
ASSOCIATION,
19 BOYLSTON PLACE.**

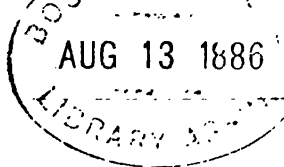
THE

Southern Medical Record:

A MONTHLY JOURNAL

—) OF (—

PRACTICAL MEDICINE.



EDITED BY

Drs. T. S. POWELL, R. C. WORD, W. T. GOLDSMITH.

"QUICQUID PRÆCIPES ESTO BREVIS."

Volume XIII.

ATLANTA, GEORGIA:

A. M. BERGSTROM, GENERAL JOB PRINTER.

1883.

INDEX.

A

Abortion and premature labor' prevention of by asafetida.....	439
Abcess, mammary, prevention of.....	439
Acne.....	16, 308
Aconite and belladonna in Erysipelas.....	147
Agoraphobia.....	14
Air-passages, foreign body in.....	339
Albuminuria in phthisis.....	30
do. chloral in.....	438
Alcoholism, coffee an antidote to.....	106
Alabama, medical association of.....	195
Alcohol, inhalations of in croupal diphtheria.....	103
Aloes, externally.....	273
Alimentation, nasal.....	9
Alum for extinguishing fires.....	181
American medical association.....	341, 153
American surgical association.....	276
American medical association, journal of the.....	316
Amenorrhoea.....	428
Amaurosis, quinine.....	330
Anæsthesia of the pharynx.....	57
Anæsthetics, new.....	29
Anæsthesia, local.....	473
Anæsthesia, local.....	264
Anæsthetics, deaths from.....	303
Angina pectoris, death.....	98
Anatomy in Southern Medical College.....	118
Anatomy, practical.....	816
Anorexia.....	164
Anti-spreë mixture.....	438
Anti-diphtheritic inhalations.....	153
Aphthous sore mouth in infants.....	233
Arbor-vitæ.....	388
Association of american medical editors.....	159
Astrma mixture.....	74
Asthma, grindelia robusta in.....	274
Aspidospermo Quebracho.....	425
Apomorphia, in cases of poisoning.....	465
Application for removal of scars.....	474
Aut Betsey Simpson's case.....	69
Auto-transfusion in hemorrhage.....	465
Avena Sativa in opium habit.....	67

B

Bacteria of syphilis.....	39
Bacteria, the latest about.....	27
Baltimore medical association.....	366
Bacillus of tubercle, Koch's.....	193
Bacilli of tubercles only fat-crystals.....	148
Balloon for Pictorial World.....	191
Baldness, remedy for.....	234
Belladonna in hernia.....	189
Belladonna and aconite in erysipelas.....	147
Bee's sting, fatal effects from.....	257
Benzoate of iodine.....	465
Berberis aquifolium in syphilis.....	345
Bills, to collect.....	110
Birth-rate, average.....	111
Bladder, aspiration of.....	21
Blood-letting.....	380
Blindness, premature delivery for prevention of.....	89
Boric acid.....	26
Borax for whitening garments.....	335
Boric acid cotton.....	35
Bovine virus disapproved.....	324
Book notices..... 39, 75, 119, 159, 190, 228, 260, 353, 439	479
Boroglyceride in treatment of diseases of eye and ear.....	259
Brom. of ethyl as an anæsthetic for short and painful operations.....	58
Brom. of ethyl, method of administering.....	61
Bruchitis, expectorant mixtures in.....	285
Breast, in the puerperal.....	139
Bronchocle, extirpation of, and results.....	425
Bronchitis, acute.....	134
Bryonia.....	485

Burns, bi carb soda for.....	187
Burroughs, Chas. J., M. D., diphtheria.....	401

C

Case of doubtful diagnosis.....	846
Cannabis indica in epistaxis.....	147
Cannabis indica in menorrhagia.....	249, 580
Cannabis indica in hemorrhagia.....	383
Cannabine, tannate of.....	274
Cancer, hypophosphite of lime in.....	353
Capelcum enemata in opium poisoning.....	98
Capelcum, powdered, in rheumatism.....	189
Calomel in diphtheria.....	148, 389
Calomel in croup.....	307
Catheters, broken in urethra.....	95
Cathartics for infants.....	273
Cathartic pill, a new compound.....	155
Carbolic acid in plies and other diseases.....	301
Carbolic acid in plies and fistula.....	287
Cardiac neurasthenia.....	192
Catarrh, nasal.....	309
Calculus, renal.....	295
Cancer, ergot in.....	22
Candles from kerosene.....	282
Calomel, influence of on fermentation, etc.....	432
Cancer remedy.....	427
Carbolic acid, poisoning by.....	181
Catarrh, treatment of.....	488
Cephalhematoma in the new born.....	340
Cephalalgia.....	83
Cellulose as a dressing.....	386
Celerrima.....	70
Cart, the Frazier road, (of interest to doctors).....	475
Cascara amara.....	466
Character and climate.....	472
Chills, a valuable mixture for.....	73
Chloroform with air, action of.....	387
Chloral, new use of.....	313
Cholera..... 148, 156, 279, 359	286
Cholera—What is it?.....	289
Cholera morbus.....	343
Cholera infantum.....	390
Cholera, sporadic, treatment of.....	385
Cholera infantum, resorcin in.....	396
Cholera, Squibb's remedy for.....	394
Chamomile in infantile diarrhoea.....	147
Chest development by exercise.....	150
Chest, aspiration of, difficulties in.....	22
Cholagogue formula.....	155
Chills, chronic.....	474
Chromic acid.....	188
Chloroform, death from.....	215
Chloroform—What shall we do with it?.....	369
Child-bed, laxative in.....	270
Chloroform, hypodermically, in toothache.....	108
Chloral hydrate, therapeutics of.....	108
Chloroform, an adjuvant to.....	428
Chloral in Albuminuria.....	152
Christianity and Science.....	424
Cinchonidine, benzoate of.....	472
Climate and character.....	276, 279
Code, at american medical association.....	276, 279
Colon, irrigation of.....	87
College of medical practitioners, St. Louis.....	269
Contagious diseases, isolation of.....	26
Convulsions, puerperal.....	107
Convulsions, infantile.....	179
Colic, quinine for.....	330
Conjunctivitis, purulent, new treatment for.....	112
Cologne antiseptic.....	113
Cough mixture, palatable.....	113
Cough medicines.....	389
Coffee, physiological effect of.....	430
Coffee, iodo-ferated syrup of.....	394
Coffee, syrup of.....	108
Coffee as an antidote to alcoholism.....	283
Coca, viburnum and celery, combination of.....	283

Codain, phosphate of.....	447
Code, new.....	469
Cosmetic preparations.....	154
Constipation, remedy for.....	193
Corrosive sublimate.....	226
Confidential communications.....	227
Corn silk, pharmaceutical preparations of.....	294
Consumption, diagnosis of.....	230
Consumption, antiseptic breathing for.....	275
Cordial, hop.....	314
Cordial, blackberry.....	313
Colchicum in gout.....	387
Commo to retina, from blows to the eye.....	896
Convulsions, puerperal, treatment of.....	468
Colors, variety of.....	372
Creasote wine.....	394
Creasote wine.....	473
Croup and diphtheria.....	463
Croup, vegetable nature of.....	350
Croup, treatment of.....	268
Cystitis, chronic, Reilquet's injection for.....	146

D

DaCosta, on salts of nickel.....	427
Deaths of physicians.....	399
Death from swallowing silver half dollar.....	256
Delirium tremens, treatment of.....	227
Decision in relation to surgeon's fee.....	141
Dispensatory, U. S.....	71, 119
Diphtheria, bi-chloride of mercury in.....	457
Diphtheria and croup.....	463
Diphtheria.....	264, 401
Diphtheria, croupal, alcohol inhalations in.....	109
Diphtheria, treatment of.....	121
Diphtheria, calomel in.....	149, 349
Diphtheria, turpentine in.....	270
Diarrhoea.....	194
Diarrhoea, oxide of zinc in.....	438
Diarrhoea pills.....	114
Diarrhoea, infantile, chamomile in.....	147
Diarrhoea, mineral acid in.....	187
Diarrhoea, percussion of colon in.....	262
Diarrhoea, chronic, oxide of zinc in.....	315
Dislocations of the thigh, new methods of reducing.....	143
Diabetes, cure of.....	150
Diabetes, the teeth in.....	263
Disinfectants.....	347
Doctor, good-bye to.....	99
Doctor, a smart.....	270
Doctor, rare chance for a.....	475
Doctor's diploma before a jury.....	873
Doctors, country and city.....	377
Doctors, number of in world.....	29
Doctors, how to treat.....	194
Don't.....	808
Doses, small.....	30
Dreams, shortness of time in.....	391
Drug case, beautiful.....	157
Dyspepsia.....	41, 182
Dyspepsia, flatulent.....	314, 396
Dysentery.....	192, 193
Dysentery, a new treatment of.....	185
Dysentery, bilious.....	192
Dysmenorrhoea mixture.....	315
Dysmenorrhoea, gelsemium in.....	113

E

Earth, gradual cooling of.....	311
Earth, tremors of the.....	312
Earache, remedy for.....	395
Ectrotic, petroleum as in small-pox.....	470
Eczema of the genitalia, pruritus and leucorrhoea.....	142
Eczema aurium.....	19
Eczema, chronic.....	204
Eczema.....	274
Eczema.....	459
Eczema of heart in children.....	474
Eczema rubrum of face and scalp.....	435
Eczema of leg, hands, nipple, beard, eyelids.....	205
Eczema of hands.....	355
Eczema of face.....	393
Eczema, to allay itching in.....	395
Eclampsia.....	216

Electricity, signalling by.....	72
Electricity for paralysis and other diseases.....	103
Electricity in parlor, kitchen and everywhere.....	72
Electricity, a non-conductor of.....	190
Electricity, various uses of.....	191
Electricity, stopping steam engines by.....	191
Electric light, portable.....	195
Electrical lighting, progress of.....	71
Electrical exhibition at Paris, curious accident at.....	876
Electric light.....	152
Electric light in surgery.....	183
Emmenagogues.....	34, 234
Embalming, new methods of.....	110
Epistaxis, value of cannabis indica in.....	147
Erysipelas, facial, abortive treatment of.....	29
Erysipelas, aconite and belladonna in.....	147
Erythema simplex.....	17
Erysipelas, local treatment of.....	454
Ergot in congestive headache.....	349
Eserine solutions, permanency of.....	390
Ethics, New York code of.....	77
Ethyl, brom. of as an anæsthetic in short and painful operations.....	58
Ethyl, brom. of, method of administering.....	61
Eucalyptus globulus.....	228
Experiment, a curious.....	112
Eyelids, pain in.....	83
Eye-water, Thompson's.....	393

F

Faith cures.....	359
Face, pain in one side of.....	84
Facts worth knowing.....	114
Faucia, cough and vomiting.....	85
Fever, malarial, treatment of.....	33
Fever, hemorrhagic malarial.....	65, 261
Fever, scarlet, sulphate of zinc a specific in.....	96
Fever, typhoid.....	182
Fever, therapeutics of remittent.....	331
Fever, typhoid, salicylate of bismuth in.....	337
Fever, marsh, the parasite of.....	312
Fever, scarlet, application of vaseline in.....	348
Fever, malarial, a new remedy for.....	349
Fever, typhoid, pulse and temperature in.....	389
Fever, typhoid, specific treatment of.....	462
Fever, typhoid, treatment of.....	464
Fever, typhoid, special indications for salicylate of soda in.....	189
Fever, enteric, so-called specific treatment of.....	167
Felon, how to cure.....	217
Fetus, viability of the premature.....	261
Fee, a dentist's.....	310
Fish bones, to remove from throat.....	470
Fistula ani.....	230
Flies, effect of castor oil plant on.....	311
Flatulence.....	238
Fox, Addison C., M.D.; Treatment of diphtheria.....	121

G

Gas poisoning.....	471
Gaultheria, oil of.....	395
Gallstones, olive oil in.....	175
Gelsemium semper virens in tetanus.....	148
Gelsemium in dysmenorrhoea.....	113
Gelsemium, therapeutic action of.....	671
Germination, limits of.....	391
Georgia med. assoc'n.....	76, 118, 164, 195, 357, 397
Glass, protective coating for.....	472
Gelatine test for organisms in water.....	481
Gloitis, spasm of.....	64
Glycerine.....	268
Glycerine, internally.....	462
Glycerine, internal effects of.....	345
Gonorrhoea.....	153
Gonorrhoea easily cured.....	419
Gonorrhoea, hydrastis in.....	496
Gout, acute.....	153
Gout, treatment of.....	341
Gout, Sir Benj. Brodie's prescription for.....	396
Grave-robbing.....	87
Graveyard, a mastodon.....	279
Greenley, T. B., M. D.; Kentucky med. soc'y.....	161
do. American med. assoc'n.....	241

INDEX.

v

Grindelia robusta in asthma.....	974	Labor, case of difficult.....	49
Gums, lancing of.....	968	Laparotomy for intestinal obstruction.....	805
H			
Hair-wash.....	74	Labor, anaesthetics in.....	834
Hair, effect of pilocarpin upon color of.....	390	Labor, ipecac in.....	344
Hematuria, malarial.....	839	Labor, to shorten term and lessen hours of.....	847
Hemoptysis.....	470	Laxative for gouty and rheumatic subjects.....	235
Harness polish.....	473	Lecture by Prof. Powell.....	475
Hernia, reduction of.....	56	Lecture to medical class at South'n Med. College,	
Hernia, belladonna in.....	189	Oct., 1888.....	441
Hernia, incarcerated, puzzling case of.....	23	Lenses, some large.....	111
Headache from kerosene lamps.....	73	Listerism without spray.....	305
Headache, congestive, ergot in.....	849	Lichen.....	207
Headache, frontal, iodide of potassium in.....	143	Lightning rods.....	111
Hemorrhage, auto-transfusion in.....	465	Light, an instantaneous.....	191
Hemorrhagic diathesis.....	260	Living a double life.....	151
Hemorrhagia, cannabis indica in.....	383	Liver, for torpid.....	853
Hemorrhage, post partum, hot water in.....	218	Lochia, offensive, to correct.....	73
Hecker, Prof. Carl Von, the great obstetrician.....	156	Low, J. H., M.D.; Uræmia.....	284
Heavy.....	168	Logan, J. H., M.D.; Oil of Gaultheria.....	325
Hospital for skin diseases, Phila.....	187	Lupus exedens, solar ray cautery in.....	86
Hobbs, A. G., M.D.; Treatment of Iritis.....	4	Luxations, femoral, new point in diagnosis of.....	70
Hurricanes.....	39	Lungs, tuberculosis of.....	233
Hydrocele, Dr. Cattaneo's treatment of.....	188	M	
Hydrophobia, cure of.....	267	Martinet, Dr., on typhoid fever in pregnancy.....	427
Hypophosphite of lime in cancer.....	853	Malpractice, a bar to an action for.....	150
Hydrastin in laryngeal phthisis.....	267	Machinist, an expert.....	312
Hypnotics, paraldehyde and acetal as.....	884	Medical education of women in Russia.....	143
Hypodermic use of stimulants.....	127	Medical practice, perils of.....	144
Hypertrophied spleen, iodoform in.....	473	Med. soc'y of Tenn., transactions of.....	38, 318
I			
Idiocy.....	20	Med. assoc'n of Missouri.....	78
Ileus, shot and insufflation in treatment of.....	268	Med. soc'y of Louisiana.....	119
Intra-uterine crying.....	36	Med. assoc'n of Georgia at Athens.....	166
In memoriam.....	196	Medical societies, the good of.....	153
Intestinal obstruction, successful laparotomy in.....	305	Medical editors, American.....	276
Inebriate asylinm.....	276	Medical codes, etc.....	278
Infant feeding.....	406	Medical ministry.....	317, 357
Infants, aphthous sore mouth in.....	233	Med. soc'y, St. Louis, on the code.....	318
Insects, strength of.....	433	Med. assoc'n of Miss., transactions of.....	318
Inventions, burdensome.....	71	Med. soc'y of West Va., transactions of.....	319, 438
Inebriety, trance state in.....	123	Medical colleges.....	356
Ink, a new invisible.....	275	Med. assoc'n of Texas, transactions of.....	438
Insanity, causes of.....	330	Medicine, practical.....	302
Insanity, prevention of.....	325	Medicine, therapeutic action of small, frequently	
Iodine, benzoate of.....	465	repeated doses of.....	321
Iodine, use of as stomachic sedative.....	208	Meteoritic metallic particles.....	191
Iodism.....	298	Meningitis, treatment of.....	217
Iodism, treatment of.....	299	Menstruation, painful.....	315
Iodoform in chronic pulmonary affections.....	35	Menorrhagia, cannabis indica in.....	349, 390
Iodoform, the odor of.....	233	Meniere's disease.....	103
Iodoform in hypertrophied spleen.....	473	Mercury, bi-chloride of, in diphtheria.....	457
Iodoform in spray form.....	263	Migraine, or hemicrania, remedy for.....	285
Iodide of potassium.....	296	Milk, artificial.....	266
Iodine painting in smallpox.....	268	Milk, hot, as a restorative.....	469
Iron shot.....	190	Misers.....	31
Iron, showers of.....	251	Mineral waters.....	196
Iron, hydrated oxide of.....	325	Moon and weather.....	32
Iron rust spot remover.....	438	Monkeys, syphilitic inoculation of.....	466
Iritis, treatment.....	4	Moral training—true progress in medical schools.....	476
Irritation, intestinal, from swallowing mouse.....	336	Mouse in child's stomach.....	326
Itching, intense.....	396	Mullein in phthisis.....	266
J			
Jaundice, jaborandi in.....	110	Murder, ante-natal.....	343
Johnson, Jno. Thad., M. D., remarkable case of		N	
fibro-cellular and cartilaginous tumor.....	448	Nasal alimentation.....	9
Journalism, medical, as a teacher.....	237, 237	Narcotic, a new.....	110
Jupiter, disappearance of spot on.....	313	Naphthaline as an antiseptic.....	28
K			
Kalrine, a substitute for quinine.....	310	Naphthalin in frostbites.....	426
Kalsomining fluid.....	275	Nausea, quinine.....	188
Kerosene, candles of.....	232	Nausea and vomiting in uterine affections.....	474
Kentucky med. soc'y.....	161	Naphthol for local sweating.....	354
Kidney, complete destruction of.....	326	Nævus, treatment of.....	424
Koch's reply to his critics.....	176	Negro with tail.....	478
Kocher, notice of paper by.....	426	Neuralgia, intercostal electricity in.....	103
L			
Laryngitis, acute.....	235	Neuralgia, treatment of obstinate.....	270
Larynx and trachea.....	171	Neuralgia, ciliary.....	82
		Neuralgia.....	373, 381
		Neuralgia, muscæ volitantes and supra-orbital.....	61
		Needle five years in the body.....	184
		New York med. and surgical society.....	285
		Nervine and anti-spasmodic.....	84
		Negatives taken on the wing.....	126
		Nickel, salts of.....	427
		Nipple, to harden.....	75

Nipple, excoriated.....	354
Nipple, cracked.....	384
No, sir!.....	356
Nursing, new reasons for.....	387

O

Obstetric soc'y of Phila.....	361
Obstetrics, a remarkable case of.....	436
Octagonal religious services in the Eastern penitentiary, Phila.....	311
Olive oil in treatment of gallstones.....	175
Opium habit, successful treatment by <i>avena sativa</i>	67
Opium poisoning, capsule <i>enemata</i> in.....	98
Opium addiction, clinical notes on.....	231
Opium habit.....	246
Ophthalmic aphorisms.....	104
Os uteri, ulceration of.....	324
Ovaritis, chronic.....	139
Oxygen and nitrogen, liquid.....	431

P

Palestine, climate of.....	112
Parham, E. H. M., M.D.; Hemorrhagic malar' fever,.....	281
Painkillers.....	354
Paper, luminous, how to make.....	72
Paper from moss.....	463
Paraldehyde and strychnine, antagonism of.....	463
Paraplegia caused by intestinal worms.....	429
Paints, how to mix.....	432
Parley mixture, compound.....	394
Pertussis, treatment of.....	75
Petroleum, death from suffocation by.....	269
Petroleum.....	150
Petroleum, as an ectrotic in small-pox.....	470
Petroleum, in phthisis-consumption.....	467
Phthisis, laryngeal, hydrastin in.....	267
Phthisis, albuminuria in.....	30
Phthisis-consumption, petroleum in.....	467
Phthisis, mullein in.....	266
Phthisis: veratrum and arsenic in treatment of.....	146
Phthisis averted by typhoid fever.....	569
Pharynx, anaesthesia of.....	57
Photography and pockmarks.....	272
Photography of birds, etc., on wing.....	126
Physician, the.....	461
Physicians, taxing.....	37
Physicians, integrity in.....	437
Physician and the New Year.....	39
Pharmacy in America.....	599
Pharyngitis, follicular.....	434
Pharmacopoeia, U. S.....	436
Pills, Dr. Gross' neuralgic.....	33
Pills, diarrhoea.....	114
Pill, a new compound cathartic.....	155
Piles, bleeding.....	275
Piles, treatment of.....	137
Pickel caught with tackle attached.....	432
Pigs, discovery of cause of disease in.....	189
Plaxiacindens, discovery of in oysters, etc.....	389
Placenta praevia, treatment of.....	183
Placenta, removal of.....	468
Pneumonia, a prognostic sign of.....	185
Pneumonia.....	178
Poisoning, apomorphia in.....	455
Poisoning, arnica.....	375
Poisoning, stramonium.....	309
Poison, blood.....	392
Poison, carbolic.....	108, 181
Poisoning, gas.....	471
Polish, for harness.....	473
Post-partum hemorrhage, hot water in.....	218
Potassium, iodide of in frontal headache.....	142
Potassium, chloride of.....	178
Potassium, brom. of, for unpleasant effects of quinine.....	267
Powell, Prof., marriage of.....	77
Powell, T. S., M. D.:.....	
Mineral waters, etc.....	196
In memoriam.....	198
Med. journalism as a teacher.....	287
Journalism as a teacher.....	377
Med. ministry.....	317, 357

Powell, Prof.....	356
Powell, T. S., M. D., true progress—moral training in medical schools.....	476
Powell, Prof., lecture by.....	475
Powell, Prof. T. S., lecture to medical class at Southern Med. College, Oct. 1888.....	441
Prehistoric remains discovered.....	282
Premium, a.....	316
Prescriptions in France, ownership of.....	429
Prehistoric men, discovery of.....	451
Premium of \$100,000.....	478
Progress—true moral training in medical schools.....	476
Prolapsus recti, new operation for.....	470
Prurigo.....	459
Pruritus ani.....	350
Pruritus vulvæ.....	74
Prussic acid, an insect that secretes.....	181
Psoriasis and eczema, salicylic acid in.....	82
Psoriasis.....	296
Psoriasis.....	469
Pulmonary affections, iodoform in.....	85
Puerperal convulsions, treatment of.....	468
Puerperal septicæmia, intra-uterine injections in treatment of.....	213

Q

Quassine, effects of.....	68
Quackery years ago.....	138
Quinine, hypodermic use of.....	34
Quinine, disguising taste of.....	74
Quinine, tasteless.....	75
Quinine in whooping-cough.....	156
Quinine nausea.....	193
Quinine, novel method of taking.....	194
Quinine amaurosis.....	230
Quinine used in colic.....	230
Quinine intoxication.....	269
Quinine, brom. of potassium for unpleasant effects of.....	267
Quinine, to hasten the action of.....	425
Quinine salts.....	410

R

Reader, to the.....	478
Rape during hypnotic slumber.....	141
Rats and mice, to kill.....	235
Reflex neurosis and nose diseases.....	81
Remedies, old and almost obsolete.....	460
Renewals.....	436
Resorcine in cholera infantum.....	390
Resorcine in treatment of purulent vaginitis.....	469
Restorative, hot milk as a.....	434
Reviews.....	479
Revivication.....	184
Rheumatism, acute.....	1, 93, 393
Rheumatism, use of electricity in chronic.....	103
Rheumatism, muscular, liniments in.....	315
Rheumatism aborted.....	347
Ring, how to remove.....	344
Roy, G. G., M.D.:.....	
Acute rheumatism.....	1
Minute and frequently repeated doses of medicine.....	331
Unrecognized cause of gastro-intestinal irritation in child discovered.....	326
Rotheln.....	358

S

Salicylic acid cotton.....	35
Salicylic acid, elixir of.....	154
Salicylic acid in psoriasis and eczema.....	52
Salts, quinine.....	410
Scabies.....	207
School for practitioners.....	316
Scar, application for removal.....	474
Scarlatina, so-called equine.....	453
Scarlatina, greasing with fat bacon for.....	187
Science and Christianity.....	152
Sciatica, use of electricity in.....	108
Sensible.....	153
Secrets, professional.....	357
Septicæmia, puerperal, intra-uterine injections in.....	213
Shoulder, dislocation of.....	139

Shoes, the hygiene of.....	151	Tonic, Baer's.....	970
Signa, service, benefit of.....	71	Tornado, how to act in a.....	971
Signatus, specific for.....	235	Toothache drops.....	114
Sight, good.....	889	Toothache, chloroform injections in.....	970
Sims, Dr., death of.....	486	Trees, Australian.....	81
Skin affections, tartar emetic in.....	459	Tri-state med. assoc'n.....	276
Skin diseases, per chloride of iron in.....	183	Prepanning, cure of dementia by.....	283
Skin diseases, treatment of commoner forms of.....	908	Tracheotomy.....	105
Small-pox, iodine painting in.....	888	Troches, Brown's.....	814
Small-pox, petroleum as an ectrotic.....	470	Trance in a hysterical woman.....	836
Small-pox, to prevent pitting in.....	896	Tuberculosis, Koch's theory of.....	100
Southern Medical College Commencement.....	76, 115	Tumor, remarkable case of fibro-cellular and cartilaginous.....	448
Southern Medical College, Atlanta.....	284, 899	Turpentine in diphtheria.....	270
Southern World.....	86		
Solar ray cantery, treatment of lupus exedens by.....	140	U	
Sodium, sulpho-carbolate in vomiting.....	136	U. S. Dispensatory.....	280
Solanine in unripe or very old potatoes.....	958	Underbidding, no more.....	475
Sodium and potassium, bromides of.....	874	Urticaria.....	460
Sore throat, clergymen's.....	143	Urticaria.....	18, 896
Speculum discovered in ruins of Pompeii.....	110	Urine, analyzing.....	156, 342
Specific for sore throat.....	821	Uterine affections, medication in.....	199
Spectroscope, the affliction of.....	478	Uterine affections, nausea and vomiting in.....	474
Spleen, hypertrophied, iodoform in.....	142		
Sponge-grafting.....	180	V	
Spermatorrhoea, treatment of.....	957	Vaccinia, from variola.....	80
Squint, cure of without operation.....	395	Varicocele.....	130
S. S. S.....	118	Vaccination with saliva of calf.....	265
Stephens, Gov. of Ga., death of.....	197	Vaccinating live stock.....	812
Stimulants, hypodermic use of.....	648	Vaginitis, new treatment for.....	78
Styptic, a new vegetable.....	190	Vanadium.....	81
Steel, melting.....	338	Vanadium discovered in Arizona mine.....	162
Still-born, reviving the.....	879	Van Goldtsenoven, Dr. E.; Infant feeding.....	406
Strychnine.....	463	Varicocele, cure by excision of the venous plexus.....	490
Strychnine and paraldehyde, antagonism between.....	888	Vertigo.....	108
Stricture, urethral.....	249	Veratrum and arsenic in treatment of phthiasis.....	146
Stenosis and asthenic conditions.....	273	Vessel, a submarine.....	162
Sun spot laws.....	96	Venus, transit of.....	232
Sulphate of zinc in scarlet fever.....	141	Venom, copperhead.....	351
Surgeon's fee, recent decision as to.....	31	Ventilation, household.....	352
Submarine work.....	433	Vomiting, sodium sulpho-carbolate in.....	140
Swallowing a 5 franc piece.....	296	Vomiting in pregnancy, pop-corn for.....	149
Sycois.....	496	Volta prize.....	280
Syphilis vs. vaccine.....	496		
System, the metric.....	118	W	
Syphilis, a new remedy for.....	225	Water filter, cheap.....	979
Syphilis, six years experience in treatment of.....	265	Water, hot, treatment by Salisbury plan.....	413
Syphilis, berberis aquifolium.....	845	Water, drinking, organic matter in.....	499
Syphilis, general and special facts concerning.....	865	Warts, removal of.....	293
Syphilis from accidental causes.....	874	Warts, removal of by cauterization.....	268
Syphilis, did it exist in America previous to discovery.....	350	Westmoreland, J. G., M.D.:.....	
Syphilitic inoculation of monkeys.....	466	Treatment of piles.....	187
		Carbolic acid in piles and other diseases.....	201
T		Westmoreland, Dr. Jno. G.....	156
Tape-worm, treatment for.....	11	Whooping-cough, bromides and chloral in.....	73
Tenia solium, turpentine for.....	155	Whooping-cough, the bacillus of.....	145
Tartar-emetic, in skin affections.....	459	Whooping-cough.....	149
Telegraph wires and spider webs.....	892	Whooping-cough, quinine in.....	188
Telegraph, time by.....	190	Whooping-cough specific.....	396
Temperatures, comparative.....	114	Whooping-cough, croton-chloral in the treatment of.....	430, 435
Tetanus, gelsemium sempervirens in.....	148	Wild cherry, com. syrup of.....	813
Telephone, large.....	812	Wine, creasote.....	473
Telephone, inventor of.....	351	Wood, metalized.....	471
Telephone, first idea of.....	891	Word, R. C., M.D.:.....	
Teeth, extraction of deciduous.....	806	Ingrowing toe-nail.....	6
Teeth, effect of alum gargle upon.....	382	Taxing physicians.....	27
Tetter of the hands.....	396	Clinical remarks on dyspepsia.....	41
Thompson's eye-water.....	893	Medical codes, etc.....	978
Throat, sore, specific for.....	110	Women, health of criminal.....	99
Throat, to remove fish bones from.....	470	Wounds, "dry-dressing" treatment of.....	415
Tinea tonsurans.....	207		
Torticollis.....	286	Y	
Toe-nail, ingrowing.....	6	Young children, water in dietary of.....	417
Tonsillitis and its treatment.....	385, 407		
Tonsillitis, acute.....	389	Z	
Town, coldest in the world.....	311	Zinc sulphate, a specific in scarlet fever.....	96
Tonsils, enlarged.....	186, 390		

353.

THE

Southern Medical Record:

EDITORS:

T. S. POWELL, M.D. W. T. GOLDSMITH, M.D. R. C. WORD, M.D.

R. C. WORD, M.D., Managing Editor.

~~ALL~~ All Communications and Letters on Business connected with the RECORD must be addressed to the Managing Editor.

VOL. XIII. ATLANTA, GA., JAN. 20, 1883. No. 1.

ORIGINAL AND SELECTED ARTICLES.

ACUTE RHEUMATISM.

By G. G. ROY, M.D.,

Professor of Materia Medica, in Southern Medical College, Atlanta, Ga.

In the Medical and Surgical Reporter of Philadelphia, Pa., November 11, No. 20 current series, there appears an article giving a clinical report taken from the British Medical Journal, of a case of rheumatism treated by Dr. Alexander Harkin, by a plan which the Reporter announces: "A new departure in the treatment of rheumatism and gout."

The case in question is one of acute rheumatism, and in its report of treatment no claim is laid for its equal efficacy in gout. In fact, there is nothing said about the latter disease.

The treatment proposed is simple—a blister 4x3 inches over the region of the heart, and relief follows vesication.

The rationale as given is this: "That it is now generally admitted that the exciting cause of acute rheumatism, as of pleuritis and pneumonia, is a chill, and that the effect is produced through the medium of the nervous system, and although the integument alone may be directly chilled, the deeply-seated internal organs also suffer."

The immediate effect of cold upon the nerves of the surface is to lower their functional activity, and to increase the action of the nerves of the internal organs in relation with the part. Endocar-

ditis thus becoming the first step in the development of acute rheumatism after exposure to cold. If it be physiologically true that when two parts of the same body are nervously in sympathy with each other, if we produce a powerful action on the nerves of one, we may draw vital energy from the nerves of the others; then it follows that, when a derivation in the form of a blister is applied in the nearest vicinity to the endocardial lining when in an inflamed state, it is but carrying into effect the principle that counter-irritation is the effective plan available to alter the excited condition of nerve-centres, and so to influence motor sensory or trophic nerves."

Now, I am not prepared to say that endocarditis is invariably "the first step in the development of acute rheumatism after exposure to cold; but I think there is abundant evidence of the fact that simultaneous with or in a very short period after the development of the rheumatic symptoms, auscultation will reveal great disturbance of the heart's action, and if this disturbance is not checked promptly, endocarditis rapidly ensues.

My experience with blisters has been as satisfactory as that of Dr. H.'s, and I have thus used them for many years; not over the region of the heart, but applied directly to the affected joint—over the seat of pain—and as promptly as circumstances permitted me to do so.

I cannot now recall a case in which the relief was not prompt and effectual as soon as the plaster produced a decided vesication.

To parts that could not be covered by a single large blister in consequence of its uneven surface, I apply small blisters, from the size of a dime to that of half a dollar, until the entire painful surface is covered with vesications.

My faith in fly-blisters for the relief of acute rheumatism was developed when a child, about 10 years of age, from a personal experience and recollection of their efficacy.

When about this age, while at school in my native county of Virginia, on a warm sunny day in the month of October, I, together with several other boys, bathed in a running stream of fresh water near the school-house.

Though the sun was quite warm, the water was very cold, but after the manner of boys, we thought nothing of what might be the consequences; nor in fact did we know. A few days after that I had some pain in my left hip-joint, which, though it lamed me, did not prevent locomotion. A few days later, however, on attempting to rise from bed in the morning, I discovered that I

could not stand on my left leg, and to put it in motion was an effort so painful that only *one* attempt was made.

It became necessary now—for the first time—to let my father (who was an experienced physician) know my condition. This would doubtless have been done sooner, but for the consciousness of having done wrong, in bathing at this season of the year, which I was very unwilling for him to know.

He pronounced it acute inflammatory rheumatism of the hip-joint, which might disable me for life. From this time on I grew from bad to worse. Spasmodic contractions of the muscles of the leg and thigh of the affected side and of the hip-joint in a few days came on, greatly increasing the already agonizing pain, and terminating in rigid contraction of the muscles—producing flexion of the leg upon the thigh and drawing the thigh backwards and outwards. In this condition I remained for weeks and weeks—unable to turn myself in bed, nor could I be handled without suffering the intensest pain. In fact, there was such extreme hyperæsthesia of the entire body that the slightest noise or jar, such as cautiously opening a door, or tipping across the room in slippers, or even the stealthy walking of a cat in the room, would produce a nervous tremor verging upon a convulsion, which I could not control.

My father, with the aid of all his professional brethren in reach, I am sure, exhausted the *materia medica* of rheumatic remedies, but they did not give relief.

After remaining in this sad plight, until the weeks had run into months—and I dare say the patience, as well as the *materia medica* of my physicians had become exhausted—one gloomy, rainy, winter Sabbath—now more than thirty-five years ago, but as fresh in my memory as if but yesterday—my father prepared and applied a large fly-blisters, covering the entire left hip, and let it remain from about 8 a. m. until 4 p. m.

I recollect, too, that he remarked that he would remain with me and watch its effects. I did not then know the reason why, but do now.

At that period there was quite a general apprehension on the part of physicians that a blister might induce a retrocession of the disease to the heart, which might prove suddenly fatal, and this is why he preferred to remain and watch its effects.

Nor is this apprehension confined to the physician of forty years ago. There are many at this "advanced age" who entertain the same apprehension. But give me the blister, and let him who may, hold the apprehension. When the blister was removed

there was thorough vesication, but from the time it began "to draw" I was relieved of all pain and nervousness, and marked subsidence of all the acute symptoms of rheumatism, nor did they return.

Many months elapsed before my distorted and rigid limb was restored to its natural position and usefulness, but there was no return of the rheumatism. A shortening of the limb of about one-fourth of an inch still remains.

My conviction is that if the fly-blister had been used when the attack first came on, that I would have been spared the weeks and months of torturing pain and the existing deformity.

TREATMENT OF IRITIS.

By A. G. HOBBS, M.D.,

Professor of Ophthalmology. Extract from a clinical lecture delivered at the Southern Medical College.

The essential and master remedy in iritis is atropia. It is the alpha and omega—the beginning, the middle and the end.

The prevailing fault is to use it too sparingly. Its potency when the iris is inflamed is far less than when the eye is normal. The reasons are as follows: The power of endosmosis through the cornea is impaired because its tissues are surcharged with fluid and the tension of the globe is increased, and the swollen condition of the iris and the adhesions combine to oppose its effect even when the solution has entered the aqueous chamber. For these reasons, a solution of iv gr. to the oz. of atropia sulphate must be used until the purpose is effected—that of thoroughly dilating the pupil. It must be remembered that a solution of this strength is quite poisonous, and care should be exercised in its employment. A solution of this strength should not be entrusted to the patient, and when dropped into the eye by the surgeon with a dropper, the end of the finger should compress the Punctum at the inner canthus and force the superfluous drops out at the external canthus, to prevent any possibility of atropia poisoning.

When it produces an irritation of the conjunctiva, combine with it boracic acid or make an ointment of it with vaseline. If it must be abandoned, we have other mydriatics, such as duboisia, hyoscyamus and gelseminum, that may be substituted.

It is, above all things, important to prevent adhesions between the iris and capsule, and this is very much less likely to occur—in fact, it is almost impossible to occur—when the pupil is well dilated.

In the first place, when the pupil is dilated the iris is removed very much further from the capsule, making adhesions more unlikely; and, in the second place, the area to be filled with inflammatory exudation is largely increased and the danger of occlusion of the pupil is correspondingly reduced.

Besides the above objects accomplished by the instillation of atropia, it is an anodyne and acts as a calmative to the pain, which is very severe in iritis. Atropia is to the eye what morphia is to the general system.

By contracting the iris the inflammation is directly attacked: because, the iris tissue being pressed upon, holds less blood and, of course, less exudation is the consequence.

All other treatment is secondary to this, with, perhaps, the exception of syphilitic iritis, where constitutional treatment is as important as the local. If, gentlemen, the case of iritis you are called upon to treat be in a sthenic person, you can add to the above treatment local blood-letting, either with leeches or, more preferably, the Henrtelup (an artificial leech).

If there be much pain, give opium in some of its forms, and do not be governed by the scales in making the dose, but by the effect. Of course, I do not mean by this that you shall not be very careful in administering opium or morphine in maximum doses, but a patient suffering from a severe iritis (especially the rheumatic form) can stand large doses of opiates—indeed, they are necessary—but watch the effects closely where you have given a maximum dose of any drug. The pain in iritis is more severe at night; hence, opiates are called for then.

The blinds should be drawn, or the shutters closed, not to darken the room, but to render the light soft. If the photophobia be so severe that no light can be borne, then bandage the eyes and exclude the light entirely, but do not make absolute darkness in the room and thus deprive the other portions of the body and the attendants of all light.

Warm applications are soothing, and this is best accomplished by laying over the eye a bag of hops the size of the hand, previously dipped into hot water and the superfluous water squeezed out.

You will often find that in traumatic and sthenic cases cold applications will prove more soothing. Always consult the feelings of the patient with reference to this point.

If you diagnose your case of iritis to be syphilitic, then begin at once on mercury and iodide of potash. It was formerly the custom to push the mercury to ptyalization, but now some claim that

they have been successful without any mercury. I think the proper course lies between these two extremes. But, on the other hand, contrary to the recommendation of some writers upon this subject, I *push iodide of potash*. In one case of syphilitic condyloma, which occurred in my practice last month, I saved the eye, as I believe, with one-quarter of a pound of iodide of potash given in one week. In short, I made the tolerance of the stomach the only limit. I would not advise you, however, to give quite so much in the beginning, as you will find that *iodism* will usually be brought about short of this—and, again, the stomach will not usually bear so much.

In rheumatic iritis, give large doses of salicylate of sodium—as much as forty grains every four hours.

There is a serous form which is very chronic in its nature and seldom very painful. This form is very tedious to treat, and we have to rely upon alteratives and small doses of mercury.

INGROWING TOE-NAIL.

By R. C. WORD, M.D.,

Professor of Physiology in Southern Medical College, Atlanta, Ga.

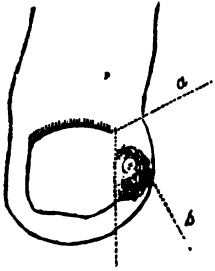
Perhaps the most annoying trouble encountered in minor surgery is the ingrowing toe-nail. Its apparent insignificance makes the difficulty of relieving it the more provoking.

The operative methods which have been resorted to are numerous, but none yet devised are wholly satisfactory.

The tearing away of a part or the whole of the nail, as usually practiced, is an exceedingly painful operation, and seems altogether out of proportion to the trivial character of the cause of the trouble, and the nail, not unfrequently, returns after its removal with the same malgrowth and a renewal of the former suffering.

Three months ago I devised and performed a comparatively painless and simple operation for an obstinate ingrowing nail, in the case of a lad of fifteen years of age, which had existed for two years, and upon which all the usual temporizing methods had been unsuccessfully tried. Having allowed ample time to test the result of the operation and finding it wholly satisfactory and successful, I here publish it for the benefit of the profession.

It consists in removing the flesh, with a very small portion of the toe nail, from the affected side, by an incision commencing from a point a little above and including a portion of the root of the nail, as seen in the accompanying cut.



The letter *b* shows the swollen part of the toe and the exuberant granulations springing from the ingrowing point. The letter *a* shows the line of incision entering obliquely at a point a little above the upper corner or angle of the nail and passing downward, as seen in the dotted line, the angle of incision being just above the matrix or root of the nail. The margin at the upper part should have been represented in the cut as passing a little

beyond the angle of incision.

The instrument used was a very narrow bistoury (a small, short pen blade will answer). It should be narrow, so as to make convenient to the operator the angle or turn for the downward cut, which is best made continuously from above downward, like the trimming of the side of a goose-quill pen. Let the ball of the toe below be made taut by grasping it between the thumb and finger as the incision is made, and the entire flesh on the affected side be cut away, including a strip from the side of the nail about two lines in width, with a portion of the root above.

In many cases, doubtless, it would be unnecessary to cut away any portion of the nail, could we know its exact condition, but as there are cases in which the inward curvature is considerable, and sometimes a hidden detached spiculum of nail penetrating the toe, it were better to provide against all contingencies of the kind and make a sure thing of the first incision. A simple dressing with lint and bandage suffices to stop the bleeding. This may be removed four or five days afterward by softening with tepid water, and the wound will heal rapidly. In the above case new skin completely covered the wound in about two weeks, the toe presenting a somewhat narrowed appearance, and in three months the nail has fully grown out, sound and natural in appearance. There now exists no indication or probability of any future return of the trouble.

IRRIGATION OF THE COLON.

By CHAS. W. DULLES, M.D.,

Surgical Registrar to the Hospital of the University of Pennsylvania.

As we are now getting into that season when diseases of the intestines carry off the greatest number of victims, I desire to call attention to a method of treating inflammations of the colon, which has never—as far as I know—been at all generally adopted

or even understood in this country; although it is not uncommonly practiced in Europe. It is not difficult or dangerous; on the contrary, it is simple and easy to carry out, and it cannot possibly do harm. The method was called by Dr. Alois Monti, of Vienna, whom I saw practice it often in 1876 and 1877, "irrigation of the large intestine."

It is carried out in the following manner: The patient being placed on the side, or back, or with the belly downward, and the pelvis a little elevated, a large, moderately flexible catheter, if for an infant or child—or a stomach tube, if for an adult—is inserted in the rectum. To this is attached, by a tube, a reservoir of water,* the height of which can be varied as may be required.

The water is now allowed to flow from a height of about two feet until the rectum is distended; meanwhile the end of the catheter or tube in the rectum is pressed gently but steadily upward toward the left iliac fossa. Very soon it will be found that the water has opened out the folds of the bowel and straightened the curves, so that the tube finds its way beyond the sigmoid flexure and into the descending colon. Unless the operator be very unskilful, it may now be pushed gently on, the flow of water continuing without interruption, until it reaches the left hypochondrium, when the transverse colon becomes the descending.

The flow of water is now to be continued until the whole colon, all the way to the cæcum, has been gently distended; the operator assuring himself of this by the amount of fluid used, and by palpation and percussion. The tube is now withdrawn and the operation is complete.

The fluid remains in the bowel a variable length of time. Sometimes it begins to come away in a few minutes, but it sometimes remains a half an hour or more.

This method I have seen used by Monti for various inflammatory disorders of the large intestine, as well as to cause expulsion of worms and flatus; and I have, myself, used it a number of times with results calculated to give me great faith in its usefulness.

The most striking case I now recall occurred in 1878, when I was summoned in the night to an infant a few months old, whom I found screaming and struggling with the pains of acute colitis. I took it on my knee, had cool water and a fountain syringe brought, attached the silver catheter from my pocket case, oiled it and slipped it first into the rectum and then up to the bend of the colon, and allowed about a pint and a half of water to flow in at that point. As the water filled the bowel the child's struggles and cries ceased, and it actually went to sleep before I was done, and only waked when the water began to be discharged.

Such striking results cannot be considered the rule, of course; but there can be no doubt that so complete a lavement must be of advantage in soothing the angry lining of the bowel and diluting and bringing away both the cause and the products of irritation.

To fill the outlines of the method a little, I will add that in gen-

*A fountain syringe, or any of its substitutes, serves this purpose well.

eral the fluid used should be cool, not cold water. It is rarely necessary to use astringents. When they are desired, the best is alum, in a one or two per cent. solution, with, perhaps, a few drops of laudanum added. The irrigations may be frequently repeated; and, in cases that do not get well promptly, various temperatures may be tried—from 70° or 80° to 40° Fahr.—depending on circumstances.

The amount of fluid to be used varies with the age of the patient. It should always be enough to fill the *entire* colon. An unweaned infant may require more than two pints, an adult several quarts.

No real syringe should be used if hydrostatic pressure can be obtained; though, if this is not to be had, I have found the syringe, carefully and slowly used, will serve very well.

Thus far I have referred mainly to such intestinal troubles as are most frequent in summer. The method is, I think, invaluable in all inflammatory affections of the colon, from diarrhœa to dysentery, and useful—for reasons I cannot go into now—in inflammations of the small intestine also.

Before leaving the subject, I want to speak of another use which I learned by experience last winter. I was called into the country to see a child about two years old, whom I found in convulsions. The use of revulsives had been tried without effect. I could get nothing in its mouth to produce vomiting or catharsis. The means at hand were very limited. I was satisfied from the history that the convulsions were due to irritating ingesta. I concluded to see if they were in the colon. So I took my silver catheter, attached it to a syringe, passed it through the anus, distended the rectum, pushed the catheter up till I could feel it through the abdominal wall, just below the left costal cartilage, and filled the whole colon with warm water, in which a little soap had been stirred. After about three minutes the water came away and brought a mass of undigested and indigestible stuff that was quite sufficient to cause the trouble. The convulsions stopped and the child got quite well.

From this case, I think, a useful hint may be gathered, and I am sure I shall repeat my experiment the next time I have to treat a case of convulsions due to intestinal irritation.

I recall attention to this method because I think it too valuable to be allowed to be forgotten; and I hope that it may prove a helpful adjunct to our other therapeutic resources against intestinal disorders.—*Medical News*.

THREE CASES OF NASAL ALIMENTATION.

By D. N. KANKIN, A. M., M. D., OF ALLEGHANY CITY, PENN.

CASE 1.—John McC., *at*. 28 years, of an anæmic appearance, had, on Friday, September 19, 1879, a molar tooth of lower jaw extracted by a dentist; bleeding from the socket continued through Friday night, and all day Saturday. On Saturday evening I was sent for to stop it. Upon examination I found the

blood, oozing quite copiously from numerous points. I learned from some of his friends that the man was of a hemorrhagic diathesis; they informed me that he had almost bled to death under similar circumstances, on two previous occasions. I applied the usual styptics, with no benefit whatever; then the actual cautery was applied, with no better result. I then concluded to pack the cavity with lint, saturated with sol. persulphate of iron (Monsef's), with beeswax over it, and a cork compress over all; the lower jaw was firmly bound to the upper one by a bandage over the top of the head and under the chin. This plan succeeded in checking the hemorrhage, but to make it successful the appliance was retained several days. Now came the most trying part of the treatment: how was this man to be nourished? The idea at once presented itself to my mind to introduce nutritious fluids through the nares. I secured a sol. citrate of magnesia bottle, had the bottom filed off, put a small glass tube through the cork (which had previously been placed in the mouth of the bottle); to this a sufficiently small-sized gum tube, to pass through the nares easily, was attached; after oiling the tube I introduced it into one of the nares, past the pharynx, into the œsophagus; it worked admirably. At the first operation, one half pint of milk and one half pint of beef tea were introduced; this procedure was continued three times a day, for four days, until Wednesday, September 24th, when the cork and wax were removed, and no further hemorrhage occurred.

CASE 2.—Tillie R., æt. 24 years, was admitted into the Western Penitentiary of Pennsylvania, in June, 1875, for a term of three years. At the time of her admission she was six months advanced in pregnancy. At her expected time she was delivered of a son: everything progressed favorably; for eighteen months she was fed on the best food the prison could afford, in order that she might supply nourishment of good quality and sufficient quantity for the child. When the babe was eighteen months old, I deemed it proper to wean it, and from this time she was ordered to eat the regular prison food. From that day the interesting part of this case commenced; she positively declared that unless she was supplied with the same kind of food she had been having since her child was born, she would take none, and said she would starve herself to death. This, I told her, she could not do; she defied me; a quart of beef tea was soon in readiness, and with the aid of four stout men, and with considerable difficulty, the quart of beef tea was introduced into her stomach by means of a stomach pump. Her persistency in still trying to starve was so great that I concluded to try some more easy, at the same time equally efficacious, means of introducing nutritious fluids into her stomach; a gum tube, two and a half feet long and one-fourth of an inch in diameter, was secured, and a small tin tunnel fitted to one end of the tube. Everything being in readiness, she was again held by four men; this time she anticipated the procedure by holding her lips and teeth firmly, expecting that I was going to introduce the tube of the stomach-pump, as had been done previously. But before she was aware of it, the soft gum tube, well oiled, was passed

through one of the nostrils, and the greater part of a pint of milk was introduced through it into the stomach. It was only then that she found all her efforts at keeping her lips and teeth so firmly closed did not baffle me in the effort I had undertaken. The same procedure was gone through with three times a day for three days. On the fourth day she concluded, as she remarked, to take her meals in the regular way.

CASE 3.—On the 21st of October, 1880, I was sent for to visit Mr. J. G., æt. about 35 years, both physically and mentally a wreck. This being one of his attacks of mental depression, his friends stated that he had refused to eat or drink anything for the past two days, and that he had intended destroying his life by starvation, as he said he was of no further use in this world. Upon my arrival I found the man in a very melancholy condition, and it was with a great deal of difficulty that an answer to my questions could be obtained from him. When I interrogated him in regard to taking his food, he remarked that his mind was already made up upon that point; that nothing more should pass his mouth! All my appeals being of no avail, I determined the man should not die if it was in my power to prevent it. His friends informed me that this was not the first time he attempted to starve himself, but that some two years ago, when living in a Western city, he was in about the condition as at present, and the doctors in attendance upon him made an effort to use the stomach-pump, but with his strong teeth he crushed the gag and cut the tube through. The same gum tube and funnel that was used in Case No. 2 was utilized for this patient. Everything being in readiness, with four stout men to secure him (I presume, from the manner in which he held his lips and teeth, he supposed the stomach-pump was going to be used again, and in this supposition I encouraged him) before he was aware of it, the gum tube had been passed through one of the nostrils and œsophagus, and a pint of beef tea introduced into the stomach. So persistent was he to destroy his life in this manner, that this same procedure had to be repeated three times a day for one week, until finally he concluded to take his food in the usual way. It is proper to state here that positive directions were given the attendants in charge of the two latter cases, to watch them carefully for at least two hours after the operation, in order to prevent them inducing vomiting by titillating the upper part of the œsophagus with the finger.—(*Archives of Laryngology*, October 1882.)—*Clin. Rec.*

TREATMENT FOR TAPEWORM.

From Squibb's Ephemeris.

The writer has for many years past received occasional letters of inquiry as to what is the best drug for the expulsion of the tapeworm, and the inquiry is generally accompanied by the statement that a case is under treatment which had resisted all the ordinary parasiticides, such as pumpkin-seed, male fern, koo-so, bark of pomegranate root, turpentine, etc. As any one of the drugs is

sufficient, under any ordinary good management, to expel the parasite, and as the inquirers had generally succeeded in most of their cases with some one or other of these medicines, it has generally been concluded that it was not a question of the choice of a drug in the obstinate cases, but rather one of the location of the attachment of the head of the worm in the intestinal canal.

When the writer served as demonstrator of anatomy many years ago, he observed that there was great variation in the location of the head. Sometimes it would be found attached up near the duodenum, and at other times down near the ilio-cæcal valve, and that the attachment was not unfrequently in a little pouch, or under a fold of mucous membrane; and that the head was always imbedded in a nidus of firm jelly-like substance, like inspissated mucus. This led to the conclusion that such cases would be very differently affected by treatment, and that a method quite efficient for some cases would be likely to fail in others from the difference of location; and further, that the obstinate cases were those where the attachment was so low down in the canal, and so protected that it was difficult to get the parasiticide in contact with the head so as to poison it, and cause it to let go its hold. A few years later when in the eastern part of the Mediterranean, where uncooked sausages are largely eaten, the writer and others became affected with tapeworm, and he had good opportunities for observation, and was confirmed in the belief that the location of the head had much to do with the resistance of all obstinate cases, and that when the treatment was carefully directed by this consideration it was almost always successful, and that one parasiticide was about as good as another when well managed. Further experience at that time seemed to show that pumpkin-seed and oleoresin of male fern were the best agents to use, and that there was but little choice between them. A plan of treatment was adopted which has been since given to so many physicians and patients with such general success that it may be worth while to publish it.

After a light dinner, near the middle of the day, the patient should take no food, but may drink freely of water. At bed-time a saline aperient should be taken in effective dose, and there is nothing better than one or two Seidlitz powders. This aperient should be a saline, because these cause a copious effusion of serous liquid from the whole mucous membrane of the canal, and this effusion taking place from the surface where the head of the worm lies protected by the dense mucus, detaches the mucus and washes it away, leaving the head bare for contact with the parasiticide, when otherwise it would pass over it without direct contact, and, therefore, without effect.

Whether this aperient at bed-time operates or not, it should be repeated on the following morning, the patient still abstaining from food. After the second saline has operated freely, or say at about 10 o'clock the medicine should be given.

Four ounces of pumpkin-seeds are well beaten in a mortar, half an ounce at a time, a few drops of water being added from time to time until they are made into a paste. The shells need not be rejected, as they are rather useful than hurtful. Water is then

gradually added to the paste with trituration, until a tolerably uniform emulsion is made measuring about a pint. This may be flavored if desired and iced, and is to be given in three doses at intervals of about two hours, beginning at about ten o'clock. During this time the patient should lie quietly in bed and avoid all causes of nausea or vomiting, and should correct these if they occur by a little ice taken into the mouth and stomach. The stomach in need of food will often digest the first dose, but a tendency to nausea will prevent the digestion of the others, and the third is often difficult to take without vomiting. By careful management and quiet the inverted peristaltic action may be generally avoided. But when it occurs early, and is persistent the treatment is likely to fail, because the inverted action of the bowel prevents the emulsion from getting far enough down to come in contact with the head of the worm. Commonly, however, the peristaltic action will not be reversed, and about the time of the third dose or a little later there will be an alvine evacuation. But if not within an hour after the last dose, a half fluid ounce of castor oil should be given in a little ale or porter. The evacuations should be received in a vessel partly filled with water so that the worm can be easily examined from end to end of each portion without breaking, and when the part is reached where the links grow smaller great care should be taken to find the head, for unless this be found the success of the treatment is by no means assured. And if the head be not found, detached links may be expected in the stools within three or four months, and the treatment will need to be repeated with larger preliminary fasting and greater care.

In a second trial, or when persistent vomiting has interfered with the first to invalidate it, the oleoresin of male fern may be substituted for the pumpkin seed. This is more easily taken than the large doses of emulsion, and is not so easily digested by the stomach, nor so liable to produce nausea, and from being an oleoresin, and therefore less soluble in the liquids it meets with, it is more likely to reach the head of the worm in a condition sufficiently concentrated to be a poison to the head, but it is probably a less active poison to the head than the pumpkin-seed, and therefore less active.

The oleoresin may be given in emulsion made with sugar and gum arabic, or with glycogen, but is perhaps better given in capsules, containing about ten grains each. Two of these should be taken every quarter of an hour until twelve capsules have been taken, unless nausea occurs of sufficient severity to endanger their rejection. Under such circumstances eight or ten capsules may be used as being all that can be safely given.

The oleoresin has often, especially in cold weather and when of good quality, a thick granular sediment. This should be carefully stirred in before weighing, as it is a very important part of the drug.

Of course the same careful preparation of the patient is needed with this as with the pumpkin-seed, and neither of them should be expected to succeed in obstinate cases without the careful preliminary treatment.

[We have succeeded in several cases with a single dose of pulverized kooso given on an empty stomach at morning, the patient having abstained from supper. We regard the kooso the best and surest of all the remedies used for the expulsion of tapeworm. The drug, as found in the shops, is often without strength from long keeping. The pulverized article kept in tight bottles is reliable.—ED. REC.]

AGORAPHOBIA—A CONTRIBUTION TO CLINICAL MEDICINE.

BY L. T. POTTER, B. L., M. D.,

Clinical Lecturer on Diseases of the Chest, South Side Dispensary, Chicago, Ill.

My attention has recently been directed to an article in *The Popular Science Monthly*, by M. Bill, whom I take to be a Parisian physician of some celebrity in psychological pathology, for he certainly evidences in the subject he treats, viz: "Delusions of Doubt," a mental erudition which amply justifies my conclusion.

In the realm of psychiatry, we are constantly discovering new and untrodden paths for investigation which demand our most careful attention and thorough research.

If, by any process of mental application, either with or without mechanical aid, we are enabled to discern in the labyrinth of cerebral pathology any new fact, we will have been more than rewarded by the finding, in that we will by just that much have increased our own knowledge and added to the literature of psychiatry; an achievement worthy of our most intense emulation.

Last winter, while reading, during my leisure evenings, "A Physician's Problems," by Chas. Elam, M. D., M. R. C. P., I was much impressed with the chapter on "Illusions and Hallucinations." The impression has been an enduring one, and I should do Dr. Elam an injustice if I did not add, that I consider him one of the most original and erudite writers with whom it has been my pleasure to enjoy an hour's literary treat after a hard day's work at the bedside practice.

But let us turn to the case which prompted this little monograph.

Last August, while taking my summer vacation, I was consulted in Providence, R. I., as to my opinion upon a case of peculiar and somewhat rare mental disease. Was it an example of so-called "conscious insanity?"

The history of the case is as follows:

Mrs. D., æt. forty; brunette; nervous temperament; has had but one child. Is unable to state just when she first noticed symptoms of her disease. When taken into a railway car, so intense was the agony of her situation after the car was in motion, it seemed as though she would die. Repeatedly had she attempted journeying

by rail, only to be compelled to get off and ride by carriage the remaining distance.

The sensations experienced she described to be, when the car was moving, as though she was being swung from a precipice. If her attention is attracted by some one speaking to her, the sensation leaves her in a moment; only, however, to return again in another moment. She gasps one moment and laughs the next. Is always much worse a week before her menstrual period.

For years she has been obliged to forego the pleasure of traveling by rail, and resort to conveyance by horse, when wishing to visit a point inaccessible by water. Never experiences any difficulty when traveling by water. The sensations referred to are produced only when in a moving railroad car.

She had observed that some individuals seemed capable of exerting a quieting influence over her on these occasions, while other persons had the opposite effect; an illustration of psychological control; the stronger intellect controlling the weaker.

Loud music in church or concert hall was unbearable to her. She remembers as a child, when exposed to a current of air, to have experienced symptoms of a nervous character, which I should judge simulated chorea. As she approached puberty, her symptoms improved; but the improvement was not of long duration.

After the death of a favorite cousin, her nervous symptoms increased; appetite became impaired; depressed in spirits; was wakeful at night, and if perchance she did fall asleep, would awaken tired and unrefreshed. She has noticed that if interested in something which required close mental application, she does not feel the morbid sensations.

Having consulted many physicians in Providence, and taken much internal medication, with no alleviation of her sufferings, she at length came under the care of Dr. G., a prominent surgeon, also of Providence. He seemed much interested in her case, and after having made a most careful and painstaking examination, concluded that some of her symptoms, if not all, were due to an abrasion or laceration of the mucous membrane of the os uteri. With this conception of the etiology of her trouble, he made local applications to the cervix and os, and the patient's symptoms steadily improved. This was about two years ago; since which time she has been able to sleep and eat very well.

Still, even at the time I saw her, she was unable to travel without some trepidation. A bottle of valerianate of ammonia, and a flask well filled with brandy, were always her constant companions when undertaking a journey by rail.

An amusing side of the case lies in the fact that when she is traveling, she invariably sits with a brandy flask in the right hand, and a Bible in the left; presumably the one counteracting the influence of the other.

The interesting question which suggests itself to every thinking mind, when brought in contact with a rare neurotic case like this, is: "What is the cause?" Having once clearly determined that, the success of our subsequent treatment is assured.

Did the last physician this lady employed find the correct solu-

tion of a disease which had given rise to years of suffering, both corporeal and psychological, to the patient, and baffled the skill of her former medical adviser:

I am strongly inclined to believe that the lesion of the cervix uteri at the os was, if not the origin, in a great measure an aggravating factor, which, until relieved, prevented a complete recovery. Does not the very fact that she improved so steadily by the use of local applications, with internal antispasmodics, go far to favor this theory? It appears to me it does, beyond any peradventure or doubt.

Just as trifling a cause has been known to give rise to a *grand-mal*. All of us have known of instances where an adherent prepuce has given rise to convulsions, epilepsy, etc. The constant irritation at the periphery of a nerve filament has been recognized as the cause of tetanic spasm. Cases might be multiplied as exemplifying this theory.

But now, if I am asked the more difficult question, *how* it comes to pass that such apparently insignificant lesions are capable of producing such serious effects. I must confess my ignorance. I willingly refer you to some recondite neurologist, to whom the answer is probably as clear as the differentiation between pleuritis and endocarditis is to you or me.

There is a lesson of wide application to be learned from the history of a case like this.

Can we search too carefully for the cause in any obscure disease? There is no truer aphorism than this: "The success of the medical practitioner depends upon a thorough knowledge of the *little* things in the practice." It is also none the less true that the success is all the greater when achieved through the medium of a brilliant diagnosis. He who, by carefully weighing and digesting the facts attainable in any given obscure case, is enabled by his closer mental application and acumen to discern correctly and intelligently the etiology of the aforesaid complaint, and then rectify it, deserves as much, yes, more honor and praise from those of us engaged in the active practice of medicine, than is, unfortunately, too readily bestowed upon some surgeon who has operated with the knife, possibly far more skillfully, but with much less intellectual erudition.—*Chicago Med. Jour. and Examiner*.

MEDICO-CHIRURGICAL COLLEGE.

SERVICE OF F. LL SIEUR WEIR, M.D.,

Clinical Professor of Dermatology. Reported by Dr. H. B. Nightingale, Chief of Clinic.

ACNE.

CASE I. The young man before you to-day is an Englishman by birth, 21 years old and unmarried. His occupation is that of a laborer. About 6 years ago his face, which had previously been clear of any eruption, showed here and there small, red pimples, some of which pustulated, others again remaining stationary for a few days and then disappearing. From being a few in number

they gradually increased in number until he was 18 years old, at which time he began to shave. Since then the condition now observable has been present, new crops appearing to take the place of those which had run their course. His appetite has always been good; in fact, too good. Bowels inclined to constipation. He sleeps well; has never had gonorrhœa or syphilis. A close inspection of the face shows this eruption to consist of small, elevated points or pimples, which are solid and have a feel not unlike the pustules of smallpox, vivid red in color, and causing some little sense of discomfort by the tension of the epidermis, commencing at or shortly after puberty, with no specific history, an evidently deranged digestion and habitual constipation.

These give us all that is necessary to know about the disease. Masturbation is a very frequent cause of this affection, or, if not a direct cause, largely assists in keeping up the irritation. There is no history of such practice in this case.

He will be ordered 5 gr. doses of lactopeptine 3 times a day, to be followed by a bitter tonic. Also the following:

R Ext. cascara sagrada, fld. ℥j.

-Sig. Gtt. x, in sweetened water, before each meal and at bed time.

This will have the effect of producing a free evacuation daily, and if he will continue its use for some time his constipation will yield permanently. I know of no drug which relieves habitual constipation so effectually as the cascara sagrada. Locally he shall have a soothing ointment of oxide of zinc and cosmoline, with a few drops of carbolic acid. The local treatment is secondary, for upon the relief of the dyspepsia and constipation a marked change will be observed. He will be directed to let the beard grow, thereby removing one potent cause of irritation.

ERYTHEMA SIMPLEX.

CASE II. A. M., 30 years, Irish, and employed as a cook in one of our hotels. She is constantly bending over a hot range, owing to her occupation, and some weeks ago noticed that the redness of the face, which had previously disappeared after a time, began to remain longer. Presently it became so bad as not to leave at all, and gave rise, in addition, to burning, smarting and more or less itching. The redness, as you have seen, involves pretty much the whole face, not, however, producing a uniform discoloration. The redness is in patches, which coalesce with each other, leaving a ragged margin. By passing the finger over the surface the patches are found to be very slightly raised, and the redness disappears, returning again instantly upon removing the pressure. It is a case of erythema simplex, or superficial inflammation of the skin, from external irritation. In the way of treatment, removal of the exciting cause is the primary object. In all idiopathic cases it is the one thing to do. If we can get the patient's co-operation in this, we will order her a simple oxide of zinc ointment, with possibly a few drops of carbolic acid.

URTICARIA.

CASE III. H. J., 18 years. Here is a young lady who comes to us suffering from "the hives" Here, upon the forearms, you see these large, red blotches, each with a pale or whitish centre, no regularity as to distribution, but lying close together on some parts of the limb, while upon the hand, considerably removed from the others, are more patches. They are quite prominent, and give rise to a most exasperating sensation of burning and itching. Even now you see she cannot refrain from scratching the parts. Both arms and hands, and the face as well as neck, are involved. Doubtless the body and lower limbs share the affection in turn. There is never any difficulty in recognizing the disease, the wheals are so characteristic. In no other disease do we find wheals appearing suddenly and, after remaining a varying time, disappearing as rapidly and mysteriously as they came. It is a most common difficulty and the diagnosis is easily made out. But *what causes* it is not always so easy to ascertain. A case of urticaria or nettle rash in which the exciting cause is unknown is one of the most stubborn and unsatisfactory of all, and the doctor to whose lot it falls is apt to become disgusted with the study of dermatology. The exciting causes of urticaria are divisible into three heads: local irritants, a polluted circulation and reflex irritation. Without going deeper into the subject, let me say that the first two causes are easily disposed of, and it now remains to be seen *how* reflex irritation is responsible. The patient yesterday morning indulged in fish for breakfast, and in the course of the afternoon felt a burning and smarting upon various parts of the body. It was not severe, however, till night, when she got warm in bed, at which time it became almost unbearable. Once or twice before fish has had the same effect upon her, but not for several years. She is of a nervous temperament, evidently, and this fact renders it all the more easy for the disease to manifest itself. My assistant tells me that, just before coming into the room, there was no sign of wheals; yet, upon her entrance, I was able to show you some very fine specimens of them. The disease is, I feel convinced, a neurosis, not alone in the case before us, but demonstrably so in every case. The divisions I gave you a few moments ago are made for the sake of convenience only, and if the first two so-called heads be eliminated I think that reflex action can be clearly shown to be the cause of the cutaneous phenomena in every case.

The treatment in the present case shall consist of three compound cathartic pills. Considerable constipation is present, and as no stool has been had since the eating of the fish, it will have the effect of removing the remnants of it and clearing out the alimentary canal. Locally, a lotion, as follows:

℞ Ammonia carbonatis.....	3 ss
Plumbi acetatis	3 j
Glycerinae	f 3 j
Aquæ rosæ	f 3 v. M.

Sig. Use as a wash, several times daily.

Without doubt our patient will obtain relief by these measures.

ECZEMA AURIUM.

CASE IV. Willie S., aged two years. The child before you is brought here on account of an eruption which made its appearance in the neighborhood of the ears about two and a half months ago. As you see, not only the cleft behind them, but also the auricles themselves, are involved. The inflammation, however, does not seem to have extended into the auditory canal to any appreciable extent. A hot, red, tense and swollen surface, with a thin, serous fluid constantly bathing the parts; numerous small vesicles, in varying stages of development; a feverish state of the body and constant fretting; a strumous diathesis, poor appetite and costiveness, all of which are present, mark the case unmistakably as one of eczema. The suffix of aurium designates the seat, not that it differs from the same variety in any other portion of the body.

This state of affairs has been going on for a period of two or three months, the symptoms becoming gradually worse until life has become a burden to him, young as he is. If allowed to go on the symptoms would probably not change noticeably, except the discharge, which would become purulent. Indeed, it is so to a slight extent already. The only wonder is that such has not been the case long ere this. Being a catarrhal inflammation essentially, it is more apt to assert itself in an intractable form when occurring in lymphatic children.

We must try to relieve the little fellow, and to this end will advise the following to be applied to the parts two or three times daily:

R Zinci oxidi,)
 Zinci carbonatis,) aa ʒ ij
 Glycerinæ f ʒ iij
 Aquæ rosæ q. s. ad f ʒ iv. M.

Sig. Shake well before using.

The surface is to be dried by *pressing* gently with a piece of soft muslin. Never *wipe* an inflammation. This lotion should leave a fine powder upon the surface, and by the protection which it affords the parts the air is excluded. He shall have, also:

R Potassæ chloratis ʒ j.
 Fiat. chart. No. xx.

Sig. A powder to be dissolved in water and taken thrice daily.

Were the patient older we could administer cod-liver oil with advantage, but young children do not, in my opinion, assimilate it so well, and, moreover, will not take it. The chlorate of potassa here answers an admirable purpose as an alterative, and in the present case will, I feel sure, fulfill all the indications of the oil. Some time will be required to effect a cure, but I think we may safely predict success in the end. The mother will be directed to bring him back in a week, at which time he will be shown you, and any necessary changes in the treatment effected.

ABSTRACTS AND GLEANINGS.

Idiocy.—Dr. Davis, in a paper on the subject of idiocy (Virginia Medical Monthly) says: Idiocy has been classified by many writers, but that of Seguin is the most simple: "The chronic affection of a whole or a part of the central nervous masses, which is characterized as *profound idiocy*. A partial or total affection of the nervous apparatus which ramifies through the tissues and presides over the life of relation, the result of which is *superficial idiocy*." He also describes a class of cases under the head of "Backward Children," in whom there seems to be a mere functional torpidity of the nervous system.

Dr. Down, in a paper on "The Obstetrical Aspects of Idiocy,"* observes that, in twenty per cent. of the cases of idiocy collected by him, there was a history of marked disturbance of physical health of the mother during pregnancy; in four per cent., a history of serious falls, followed by alarming uterine hemorrhage; in six per cent., prolonged ill health; in ten per cent., persistent sickness, which had occasioned anxiety. He regards vomiting during gestation as an important producer of idiocy. Again, in as many as thirty-two per cent. of the cases, there was, as regards the mother, a history of fright, intense anxiety or great emotional excitement.

Dr. Down † has made inquiries into the causes of idiocy in two thousand cases, and found that in forty-five per cent. there were well marked neuroses in the families of one or both parents.

Dr. Seguin says that not one in a thousand has been entirely refractory to treatment; not one in a hundred who has not been made happy and healthy; more than thirty per cent. have been taught to conform to social and moral law, and rendered capable of order, of good feeling, and of working like the third of a man; more than forty per cent. have been capable of the ordinary transactions of life under friendly control, of understanding moral and social abstractions, of working like two-thirds of a man; and twenty-five per cent. come nearer and nearer to the standard of manhood, till some of them will defy the scrutiny of good judges, when compared with ordinary young women and men.

Goltz found, in his recent investigations, that when he removed a great portion of the hemisphere on one side, the animal did not become idiotic or demented; but if he removed portions from either hemisphere, the animal showed a diminution of mental power, with loss of tactile sensibility and awkwardness in its movements. Dr. Ireland,* therefore, supposes that in idiots who improve under instruction, where the whole cerebrum is diseased, it in great part recovers its tone by being brought into healthy exercise, and that where a part still remains sound, it is thrown into more vigorous exercise than the rest, attracts a greater supply of

*Transactions of the Obstetrical Society of London, Vol. XVIII.

† British Medical Journal, Oct. 11, 1873.

* Edinburgh Review, June, 1882.

blood, and gains a more vigorous nutrition than the surrounding parts.

Where the deficiency is congenital, the prognosis is often better than where it is traceable to diseases occurring in childhood; great improvement in the intelligence often follows improvement in the general health, as in the successful treatment of strumous and anæmic conditions.

Without training and education, idiots are an unproductive class; with it, their industrial capacity is greatly increased. The most zealous efforts of earnest teachers in the ordinary schools are ineffectual to meet the requirements of idiots, and it is only by teachers specially skilled and qualified for the duty that these unfortunates can be benefitted, and under their care, in many cases, astonishing moral, intellectual and physical improvement can be accomplished.

Aspiration of Bladder—Enlarged Prostate—Death.—A man over 50 years of age, suffering from retention of urine from enlarged prostate, came under observation. Different forms of prostatic catheters, including the soft rubber, were used, but without effect. When the catheter was introduced it was firmly grasped by the prostatic urethra, and on withdrawal the eyes of the instrument were found filled with blood. These two facts, viz: immobility of the catheter when introduced deeply, together with bleeding on withdrawal, gave rise to strong presumption of a false passage. It was then decided to aspirate in order to relieve the patient of his most urgent symptom.

Potain's instrument was employed, and on withdrawal suction was kept up to prevent any urine from escaping from the needle into the cellular tissue. On the following day the catheter was again employed, but without success, and aspiration was again performed. Symptoms of peritonitis set in shortly afterwards, and on the following day the patient died. The autopsy showed a very much enlarged prostate, but no evidences of a false passage were noticed. There was no sign of peritonitis around the needle punctures, and very slight evidences of inflammation in any part of the peritoneal cavity. The bladder contained only a few ounces. There was no extravasation of urine. The case was interesting and painfully unpleasant and unsatisfactory in its termination. The autopsy unfortunately did not throw much light on it.

Shortly after the case was seen, another one, of enlarged prostate, with retention, came under observation. Several attempts were made to pass the catheter, but, as in the case recorded, the instrument was firmly held by the prostate, and on withdrawal the eyes were filled with blood. A final attempt was made and considerable force used, when the catheter passed the obstruction, and the anxious patient was gratified by a copious flow of urine.

These two cases are of more than common interest in regard to the treatment of retention of urine in cases of enlarged prostate, and the inference is that it is better to use a certain amount of force, at the risk of making a false passage, than to expose the patient to the dangers coincident to a distended bladder.

PUZZLING CASE OF INCARCERATED HERNIA—OPERATION— DEATH.

A man, 35 years of age, was seen after he had been suffering for a few days from what was supposed to be strangulated hernia. The patient gave the usual history of constipation and abdominal pain. An examination showed a peculiar swelling in the inguinal canal, not unlike what might be expected from hydrocele of the spermatic cord. It was not hard, and the finger could pass up the inguinal canal. It was considered best, on account of the urgency of the patient's condition, to operate and explore the canal. In doing so there was found to be a partially strangulated or incarcerated hernia at the left internal abdominal ring. The puzzling condition of the canal was due to fluid, the result of the hernia. The patient died shortly after the operation.

SOME OF THE DIFFICULTIES IN ASPIRATION OF THE CHEST.

A man, aged 70 years, suffered from chronic bronchitis, and subsequently from pleurisy and emphysema on the right side. Surgical interference was not attempted till the dyspnœa became oppressive. He was then aspirated, and about two quarts of foul-smelling pus removed. Great relief followed the operation, and the patient was allowed to rest for a few days, when he was again aspirated to relieve the distress of breathing.

On the afternoon of the same day it was decided to make a permanent opening and wash out the pleura. The usual incision was made at the point of aspiration, but no pus obtained. Another incision was made lower down and the precaution made to carry it pretty far into the chest, but still not a drop of pus was found. On the following day a swelling appeared below the chest wall, on the same side, but as the patient was moribund, no exploration was attempted. Unfortunately, no autopsy was held.

There are some pertinent questions which readily suggest themselves, such as the whereabouts of the fluid, inasmuch as only a limited amount was removed on the morning of the operation. The facts, unsatisfactory though they be, are respectfully submitted to the readers of the Reporter, with the hope of bringing forward some suggestion.

One thing that painfully impressed itself on my mind was, do not aspirate shortly before making a permanent opening in the chest wall.—*Med. and Surg. Rep.*

Ergot in Cancer.—Dr. Collins, in *Lancet* and *Clinic*, remarks of ergot as a remedy for epithelial cancer and kindred tumors:

I will not attempt to give the therapeutic reasoning by which I was induced to use the ergot in the first place, but I will say in the first place that I found that all writers on this subject held that these ulcers progressed by reason of their excessive cell growth or hypernutrition and knowing almost if not every remedy had failed of the cure I could think of nothing—as an effort—more suited to the indications, that of diminishing vitality, vascularity and capillary circulation, and at the same time as free from objection, than ergot.

I tried it in the first case and the manifest result was astounding to the patient, other physicians who had treated him and myself, and was as incredibly unexpected as acceptable. To the incredulous I will say that the exact correctness of this report is attested by every medical man who saw the case.

Case I. W. W., æt. 67. Applied to me in April, 1876, for the treatment of an ulcer of the left side of the neck and face, involving the parotid gland and ear; which ulcer was about four or five inches in diameter, extending from the meatus of the ear downward and forward along the sterno cleido mastoid muscle, the center being below the angle of the lower jaw, and was of an irregular circular shape and surrounded by an elevated, indurated and nodulated margin or roll about one inch in diameter, thus making the extreme extent of the ulcer about six inches. The general depth being about one inch below surface of margin, yet in the center it was deeper, at which point the pulsation of the carotid artery was plainly visible. The floor was covered with indurated, nodulated bodies and the discharge was of a sanious nature, the elevated margin and the floor being quite hard. The cervical, post-cervical and sub-maxillary lymphatic ganglia were much involved, being indurated and tender. He was emaciated, weak, had poor appetite, and colliquative sweats, and the color of his face, which in health had been very florid, was very pale and the exact appearance of the cancerous cachexia in advanced cases. The ulcer commenced in a hardened elevated tumor of the skin just below the point of the ear, growing slowly, not painful at first; when, about two years previous, it had attained the size of a walnut, the ulceration of the surface of the tumor began and pain also set in. The ulceration of the ulcer steadily progressed until it attained the size described, and latterly had frequent profuse hemorrhages, until at the time I saw him death seemed imminent from exhaustion of the carotid vessels. The situation and depth of the ulcer precluded the use of the knife or cautery, and all of the physicians whom he had consulted having told him that his death would shortly occur, at his urgent request I undertook to try something and my investigation led me to try ergot for the reasons stated.

The fresh ergot was freshly ground to an impalpable powder and applied three times daily to the entire face of the ulcer with a large soft hair-pencil, the ulcer being washed thoroughly once every day. The powder was used dry, allowing all to adhere that would. After each application the ulcer was covered with a light muslin rag wet with a lotion of

R	Carbolic acid.....	1	drachm
	Sulphurous acid.....	4	drachms
	Glycerine.....	1	ounce
	Aqua.....	2½	ounces

M. Sig. Lotion.

He was also put upon quinine, iron, cod-liver oil and the other usual adjuncts to a restorative treatment. In a short time the discharge assumed the appearance of laudable pus, the induration of

the lymphatic ganglia disappeared, the elevated, stony and nonulcerated periphery subsided, the floor assumed a healthy aspect, and in twelve weeks the ulcer had entirely healed and has remained so up to the present time. His general health rapidly improved, and up to this time has been continuously good. This gentleman had an uncle to die of a similar ulcer and an aunt of cancer of the breast. All of the physicians who treated this case previous to myself were and are confirmed that it was epithelial cancer.

CASE II. Mrs. E. K., æt. 40, married, no children. This case was sent me from an adjoining county in March, 1877; by her family physician, with the statement that she was suffering from cancer of the left breast of about three years standing. I found the body of the gland entirely destroyed and its site occupied by an excavated ulcer about five inches in diameter and an average depth of about one inch. Margin elevated, indurated and nodulated. The ulceration was in active progression, her general system much depressed, loss of appetite, colliquative sweats, etc. The lymphatic ganglia of the left axilla were enlarged, tender and indurated, in fact were so coalescent with the margin of the ulcer that I could discern no line of separation. The super clavicular glands of the left side were extensive, indurated and enlarged. This case began as the preceding—by a small scaly movable tumor of the skin near the nipple. Her family history showed no case of cancer. The treatment of this case was precisely the same as case No. 1, yet the recovery was not so rapid, and it was not until August following that the ulcer was covered by a cicatrix, and not until December that all induration and tenderness had disappeared, and up to this date it has shown no sign of recurrence. Her general health has also remained good.

CASE III. Andrew B., aged 70. Applied to me in October, 1877, with an ulcer of the outer angle of the left orbit, about two inches in diameter, with an elevated, indurated and nodulated margin. The ulcer being sunken, the floor being covered with tuberculated elevations, the discharge slight and sanious, and the ulcer painful. It was of about twenty months standing, and commenced with a scaly tubercle of the skin, which ulcerated about a year before I saw it. This case had been treated by two excellent physicians before I saw it, both of whom pronounced it epithelial carcinoma. This case was treated by the application of the dry powdered ergot three times daily, washing it once daily and at all times keeping it free from any crust or scab. This ulcer healed nicely in two months, and has shown no sign of return.

CASE IV. Thomas H., æt. 55. Applied to me in March, 1879, with what his physicians had told him was cancer of the lip of one year standing. I found him suffering from a fungoid ulcer of the mucous margin of right side of lower lip, very painful and bleeding frequently. I removed the fungous mass by scissors and applied the ergot as in the preceding cases, which soon produced an excavated ulcer about three-fourths of an inch in diameter, and under the continued use of the ergot the ulcer filled up by granulations, leaving but a slight scar. This patient had an older

brother to die from an ulcer of the lip exactly similar to his own as far as it proceeded.

CASE V. M. D. B., æt. 75. Came under my treatment in 1875 with an ulcer of the nose of ten years standing. He had been treated by a number of physicians, but with little benefit. In 1877 I commenced applying the ergot and succeeded in arresting the ulcer in the locality ulcerated, yet it would ulcerate in new places until 1881, when it died.

CASE VI. J. G. C., æt. 45. Applied to me in March, 1880, with an excavated ulcer, one inch in diameter, of the right upper eyelid, of eighteen months standing, which had been treated by three reputable physicians, all of whom pronounced it cancer. His mother died of scirrhus of the breast. The application of ergot was used, and in six weeks the ulcer was healed, and there has been no return.

CASE VII. John S., æt. 65. Applied July, 1880, with carcinomatous ulcer of right side of cheek, near the nose, of two years duration. The case was very similar to case VII, the ulcer being somewhat larger. The ergot was used and perfect healing resulted in two months and no return to date.

CASE VIII. George D., æt. 48. Applied January, 1882. Ulcer of left side of the nose, one inch in diameter, twenty months duration. Healing resulted in five weeks under same treatment.

CASE IX. Joseph H. L., æt. 70. Applied March, 1882. Ulcer of tip of the nose, of three years duration, one and one-half inches in diameter. Treatment as before and recovery in four weeks and no return.

CASE X. John S. W., æt. 60. Applied September, 1880. Ulcer of left cheek, two inches in diameter, excavated with raised edges, of two years duration, and very painful. Treatment as before and recovery in four weeks, and no return.

Subcutaneous Injection in Puerperal Convulsions.—Dr. R. M. Bowstead, in the British Medical Journal, reports as follows:

Some years ago, I published two cases of puerperal convulsions cured by the subcutaneous injection of morphia with tincture of aconite and solution of atropia; and in 1878, I cured another case by the same means. I think, however, the present case will prove the efficacy of the remedy still more strongly.

I was sent for to attend L. P., aged 29, a primipara, at 1 a. m., on June 12th, 1882. Her legs were œdematous; her urine contained a trace of albumen. There was œdema also of the labia. At 11:15, a. m., she was delivered of a male child. I left soon afterwards, as everything appeared to be satisfactory. At 3 p. m., her husband called to say that his wife was suffering from severe headache and sickness. I sent a saline bismuth draught, which at once relieved her. At 4 p. m., I was hastily summoned, as she was reported to have a fit. On my arrival I found her in strong convulsions, frothing at the mouth. The fits continuing one after another, I injected into her arm half a grain of morphia, two minims of Fleming's tincture of aconite, and two minims of liquor of

atropiæ. This had the effect of slightly diminishing the fits; but they continued. After half an hour, I repeated the injection. The fits immediately ceased, and she fell into a sound sleep. At 11 p. m., I saw her again; she was sleeping, and perspiring freely. As she had not passed urine, I introduced a catheter and drew off a pint. The lochia had ceased.

On the 13th, at 9 a. m., she had slept all the night, and was still inclined to sleep, but quite sensible. At 3 p. m., she was sensible, and asked for something to eat. Pulse 120; temperature 104°. She had passed urine freely, but it was not offensive to the smell. The lochia had appeared slightly. At 10 p. m., pulse 110; temperature 101°. She had taken freely of support, but was rather restless. I gave her a draught of chloral hydrate with bromide of potassium.

On the 14th she had passed a tolerable night. The lochia were now profuse. I gave her a minim of tincture of aconite every hour, which caused her to perspire freely. Her bowels were relieved by castor oil. After this she continued to improve; and on the 16th, I gave her a mixture of quinine.

On July 3d, she was convalescent, and able to sit up. The urine was natural. She is naturally delicate, having lost two sisters in childbirth; and the whole family are consumptive.

I publish this case with the hope that other medical men will try this treatment, and be able to write as favorably as I have done. In all my cases the injection has acted like magic. I made the injection in 1868; and its effects are as good as ever.—*New Orleans Med. Journal.*

Clinical Remarks on Boracic Acid.—For a long series of years we have been drawing the attention of the profession to what we have been pleased to term a rational treatment of external diseases of the eye, and each year has been marked by decadence of the old astringent-caustic plan.

We believe it was Lister who popularized boracic acid, for a long time a secret remedy in Belgium.

Worlomont claims more benefit from its use in external ocular affections than from all other remedies. It has found other strong advocates, among whom we may mention Panas, of Paris; Theobald, of Baltimore, and Masse, of Bordeaux.

Probably now a large number of oculists use boracic acid more or less, and it is without doubt a remedy of very general application and of great utility. The basis of its action is without doubt its toxic effect on parasitic growths, and hence its value in catarrhal and purulent affections, most clearly demonstrated in purulent otitis media, where the most brilliant results have been shown.

We are not aware that great stress has been laid on its use in blepharitis marginalis, though we know it has been used for this disease. The fact is, since the relation between strain on the eye and blepharitis marginalis has become known, and that the great remedy in connection of the anomaly in structure or balance of muscles, unguents have lost largely of their importance. All the

old pencillings with nitrate of silver, smearing with nasty mercurial salves have practically gone by.

For two or three years in both private and dispensary practice, when we have written for anything in this, it has been three per cent or four per cent of boracic acid in vaseline (15 to 20 grs. to the oz.), and we can vouch for its answering every purpose.

We never treat a case of purulency now without confining the cleansing of the eyes to solutions of boracic acid, and for the milder forms in which we are unable to personally carry out the treatment we allow nothing else. In the severe form we apply once a day the yellow oxide and vaseline as used for so many years by myself, and perhaps in addition, a solution of eserine.

It is quite generally known now that antiseptic precautions have obliterated in both hospital and private practice, the ophthalmia of new-born children, and as a prophylactic we must earnestly advise the exclusive use of boracic acid solutions, and the entire discarding of carbolic acid, since it is extremely annoying and practically demonstrated to be valueless as an antiseptic, and we need not say astringents should be treated in the same way.

Boracic acid, moreover, can claim the virtue of being inert and painless.

It is certainly firmly established now that a true purulent conjunctivitis is due to the presence of a micro-organism definitely fixed and known, and any treatment or remedies to be rational must be parasitidal. We still adhere (and all investigations confirm the view) to our so often asserted opinion, that mercury is the great antiseptic, but there are conditions and circumstances that render other remedies better applicable. We firmly believe that the strikingly efficient action of mercury in catarrhal conjunctivitis and trachoma, demonstrate the parasitic nature of these affections, though now we have had found for us the microbe of trachoma by Hubert Sattler, of Erlangen.—*Dr. W. W. Seely, in Lancet and Clinic.*

The Latest About Bacteria.—This time it comes from America.

Dr. Formad, of Philadelphia, has made some experiments, from which he is led to believe that, contrary to the generally accepted view, bacteria are not the cause *per se* of disease, but are merely the vehicle of contagion, the means by which the poison of certain diseases is carried from one organism to another. He has found the tubercle bacilli of Koch, or, at least, bodies identical with them, in the sputa of non-phthisical patients.

He has taken matter infested with the diphtheritic micrococci (first demonstrated by Professor Wood and himself), and has succeeded in producing the disease in animals, while micrococci from the very same specimen, *after a thorough washing in plain water*, were perfectly harmless.

He believes that bacteria exist in all nature, and that, even when charged with the elements of disease, they cannot produce the disease unless they find a resting place in some body that is, on

account of some unexplained conditions, a suitable pasture for the growth and development of the particular disease.

This view, which seems to be a very rational one, has two important practical bearings.

In the first place, it teaches us very forcibly the value of water as a disinfectant, and in the second place, it lends much additional force to the idea that infectious diseases are due to chemical influences, which theory, if demonstrated, will do much toward increasing the potency of our therapeutic resources.

If these bacteria carry certain elements that are capable of producing disease, it is not unreasonable to hope that chemistry will step in and tell us the chemical nature of these poisons; from this standpoint it will be but a step to name the chemical that will prove the antidote, and by this process can we arrive at the most rational treatment of infectious diseases. Dr. Formad promises to have more to say on this subject, and we look forward to his researches with interest, for it would seem that he is on the right track.—*Med. and Surg. Reporter.*

Angina Pectoris—Death.—Dr. J. M. Stevenson reports a somewhat interesting case of angina pectoris in the *Pittsburg Medical Journal*. A man, aged 64, temperate and active, after being engaged in active work all morning, ate a full dinner. Immediately afterwards, with a cry of pain, he sank to the floor, struggling and insensible. Brandy and strong aromatic spirits of ammonia failed to elicit any evidence of their irritant properties. After using a variety of remedies, six drops of nitrite of amyl were poured upon a handkerchief and administered very cautiously, allowing an abundance of air. After a few inhalations the face became flushed, pulse increased in frequency and fullness, respiration became quicker, in ten minutes all struggling ceased, and in twenty minutes consciousness returned. Three days subsequently he had a similar attack which was relieved by the same means, but on the evening of this day he had another and, no one being present to administer the amyl, he died in five minutes. A post mortem was refused.—*Med. and Surg. Reporter.*

Naphthaline as an Antiseptic.—Naphthaline has recently found a new and important use in medicine. It has been found that this hydrocarbon is an excellent antiseptic, which kills fungi and bacteria in a short time. For surgical bandages and in contagious diseases, as far as experiments have been made, it has answered an excellent purpose, and seems well adapted to replace, in many cases, those antiseptics now so much used, namely, carbolic and salicylic acids, and iodoform. It has one great advantage over carbolic acid, being absolutely free from poison, and can therefore be used in any desired quantity without causing any disturbance. It also surpasses all other antiseptics in cheapness. As 100 kilos of pure naphthaline can be bought for 60 marks (about seven cents per pound), there is no doubt that it will soon find general use for medical purposes.—*Scientific American.*—*Cincinnati Lancet and Clinic.*

Bacteria of Syphilis.—M. M. Martineau and Hamonic (L'Union Medicale) have found the bacteria of syphilis, and have succeeded in inoculating a pig with syphilis from the culture liquid. The bacteria are thus described: they are rod-shaped, of variable length, but not surpassing in length the diameter of a blood globule, formed of a clear matter, and contain no trace of a nucleus, envelope nor granulations. They are grouped by twos, or are single, or are joined end to end and two by two, but between the conjoined bacteria there is a small, clear space, so that, properly speaking, they are not in contact. Some are joined so as to form, more or less, an open angle, and sometimes three by three. They offer divers movements around a central axis like a compass needle: some pirouette around a transverse axis; others around one of their extremities, which appears fixed; others have an undulatory or serpent-like movement. Numerous other bacteria of varying sizes, forms and movements were seen.

These bacteria, above described, were obtained by immersing an excised, indurated chancre in a flask containing Pasteur's culture fluid. The liquor lost its transparency in three hours: in six a small grey deposit had formed, and in twenty-four hours the bacteria were found and inoculated into a young pig, in whose blood the next day were found analogous bacteria. A control experiment was made by inoculating a second pig with serum from an infecting chancre, and four days after bacteria analogous to those of the first experiment were found in the blood, and shortly afterwards papular syphilides appeared, persisted for many days and finally disappeared two months after the experiment.—*Canadian Journal of Medical Science*.

New Anæsthetics.—Dr. V. Mering, at the recent meeting of German Naturalists and Physicians, reported his experiments with two new anæsthetics; diethylacetat and dimethylacetat. The former has a burning, pungent taste, the latter a disagreeable smell and taste. Both produce narcosis very rapidly in frogs and rabbits. There is slowing of the heartbeat, and finally weakening of respiration. In inhalation they act much like chloroform. Mering gave the diethylacetat to some criminals and found that it acted very well, producing narcosis with no bad after-effects.—*Ex*.

Abortive Treatment of Facial Erysipelas.—Norregard (Nordisk med. Arch., vol. xii., No. 27) has several times checked the progress of facial erysipelas by drawing a thick ring of collodion around the affected part, not over the whole surface, as by others. Dr. Christie mentions a similar case, in which the swollen skin bulged over the ring without being able to pass the barrier. The ring must be strong, especially on the bearded portion of the face.—*Arch. of Dermatol*, October, 1882.

According to calculations made by the Academy of Paris, there are at present 189,000 doctors scattered over the world. Of these 65,000 are in the United States, 26,000 in France, 32,000 in Germany and Austria, 35,000 in Great Britain and its colonies, 11,000 in Italy and 5,000 in Spain.—*Virginia Med. Monthly*.

Albuminuria in Phthisis.—Dr. Cailleret, in a well-written thesis (Paris Medical) upon this subject, arrives at the following conclusions:

1. Albuminuria in the tuberculous is found in about one-sixteenth of the cases, according to the different statistics given.
2. Albuminuria is always a serious complication of phthisis; it may be transient or permanent.
3. Transient albuminuria in phthisis, as in all consumptive diseases, is a dyscrasic albuminuria, connected with a renal congestion; when permanent, it is dependent either on a tuberculous, epithelial or interstitial nephritis, or upon an amyloid degeneration of the kidneys.
4. Albuminuria does not seem to influence the progress of pulmonary phthisis, or to hasten the evolution of tubercles.
5. The prognosis is always grave when there is a permanent albuminuria, for there can be no hope of cicatrization of the pulmonary lesions.
6. Milk diet is the one which has given the best results, and which ought to be applied, together with astringents.—*St. Louis Med. and Surg. Jour.*, November, 1882.

Small Doses.—In concluding this letter I will give you a few of what Prof. Smith, of Bellevue, on *Materia Medica*, calls his small doses. He distinctly wishes it understood, however, that he is no homeopathist. I do not recollect to have seen them published elsewhere:

Castor oil, five drops, rubbed up with sugar and given every two hours in intestinal irritation of children.

Tinct. hamamelis, one drop every fifteen minutes as a sedative in children.

Tinct. pulsatilla, one drop in desmorrhoea every fifteen minutes, also in orchitis and epididymitis.

Fowler's solution, one-half drop in nausea of pregnancy and after a drunken debauch.

Tartar emetic, one grain in a quart of water. Dose, one teaspoonful every fifteen minutes in the bronchitis of children.

Calomel, one-fiftieth of a grain in syphilitic headache, without gummata, every fifteen minutes. Also in children with vomiting, accompanied with mucous discharges, one-half grain bichloride of mercury in a pint of water, and administered in teaspoonful doses every fifteen minutes; good for the same affections.

Fl. ext. ergot, one drop every fifteen minutes in menorrhagia.—*Extract of Letter to Medical News.*

The Development of Vaccinia from Variola.—The experiments of Dr. Voigt, Superintendent of the Vaccine Institute at Hamburg (*Deutsche Vierteljahrsschrift für Öffentliche Gesundheitspflege*. Bd. xiv, Heft 3), have, it is claimed, finally demonstrated conclusively the possibility of transmuting the most virulent variolous pus into vaccine lymph, which possesses all the usual characters, and which is now being used successfully for public vaccination in this Institute.—*Clin. Rec.*

SCIENTIFIC ITEMS.

Misers.—It is remarkable that misers generally are long lived. Many years ago Samuel Bailey, a farmer in the Isle of Wight, subjected himself and family to incredible privations. In order to save feed for horses they even did the ploughing and harrowing themselves, and would eat the flesh of animals which had died a natural death. Yet he lived to be 92.—*Microcosm.*

Vanadium, discovered in 1801 by Del Rio, existed up to 1867 as one of the rarest of chemical curiosities. At that time a Rouen calico printer made some experiments with it, and found it so superior to the sulphide of copper that it grew into demand. But vanadium was so difficult to obtain that even in 1867 its compounds, containing but 50 per cent. of the metal, were equal to the price of gold. Within the past year, however, large quantities were found in France, in alkaline earths, and the supply is supposed to be adequate to all demands. This is a striking instance of the unexpected practical value often found in products originally supposed to be of interest only to theoretical chemists.—*Microcosm.*

Submarine Work.—Thanks to the enterprise of an English firm, the submarine diver of the future is likely to have all the advantages which Jules Verne gave to the divers in his wonderful work, "Twenty Thousand Leagues Under the Sea." Our readers will remember that there the divers are represented by the author as putting on their armor in the usual fashion, and then attaching oxygen reservoirs at the back; going into the water free and independent of air-pumps and heavy-dragging air-pipes. The new system calls for the manufacture of oxygen, and its compression into tanks, which are strapped upon the armor. The carbonic acid of the breath is removed by means of caustic potash, and a fresh supply of oxygen takes the place of that used up by breathing. The diver is of course entirely independent of the surface, and can walk about as much at his ease as it is possible beneath the surface of the water, weighted by the usual amount of lead necessary to keep him submerged.—*Boston Jour. Chemistry.*

Australian Big Trees.—A foreign exchange says: "The trackless forests in the west of Tasmania contain huge timber, and bushmen report that they have met with specimens of Eucalyptus measuring 200 feet from the ground to the first branch, and fully 350 feet in all. Until 1873 there was standing on the eastern slope of Mount Wellington, within four miles of Hobart Town, a Eucalyptus which measured 86 feet in girth and more than 300 feet in height, and its ruined boll still forms a grim chamber, in which many a merry party have joined a picnic. The famous tree of the Huon Forest measures 70 feet in girth 6 feet from the ground, and is stated to be 240 feet high; but in the deep gorges of this grand forest the writer has seen higher trees than this, though not of

quite equal circumference. Victoria, however, now claims the glory of holding the biggest of all the living 'big trees' in the world, so far as height is concerned. In the Dandenong district at Fernshaw has recently been discovered a specimen of *Eucalyptus amygdalina*, or almond-leaf gum, which, accurately measured, reached the enormous height of 380 feet before throwing out a single branch, and 430 feet to the top, and having a girth of 60 feet at some distance above the ground." Some idea of what an elevation of 430 feet represents may be gained from the fact that this gum-tree, if growing by the side of the Bunker Hill Monument, would stand almost twice as high as that lofty obelisk, which is 220 feet in height.—*Boston Journal Chemistry*.

Hurricanes.—Captain A. W. Jeffrey, commander of the British steamship *Ptolemy*, who is engaged in making regular meteorological observations for his own government and the Signal Service of the United States, has of late been looking into the causes which produce West India hurricanes. He is of the opinion that the prime disturbing power is located far to the eastward of where the storm bursts on the surface of the globe and sweeps to the westward, being so dangerous to navigation and harmful to the shipping interest. Captain Jeffrey has watched closely the action and movements of the upper clouds in the equatorial latitudes for years, and finds that the upper currents are disturbed far to the eastward of true hurricane development. He traces the cause to the intense tropical heat poured down on the African deserts, whereby vacuums in the atmosphere are formed by the hot air rising; the air expands and flows off literally, the equilibrium of the mass is disturbed and drifts to the westward with the currents growing in size and obtaining more energy until the lower currents intermingle and a hurricane is formed. There has been forwarded by Captain Jeffrey to General Hazen, Chief Signal Officer of the army, a communication in reference to this matter, giving the facts and figures in detail.—*Mechanical News*.

The Moon and the Weather.—At the meeting of the British Association, Sir W. Thompson delivered an address to a large audience upon the tides. While explaining the theory of the moon's influence on the tides, he incidentally touched on the supposed influence of the moon's changes upon weather, and pointed out that the comparison of most careful and complete indications of the barometer, thermometer and anemometer, and the times of the new and full moon and half moon, had failed to establish any relation whatever between them, and had proved, on the contrary, that if there was any dependence of the weather on the phases of the moon it was only to a degree quite imperceptible to ordinary observation. We might take it confidently not only that it was not proved that there was a dependence of the weather on the changes of the moon, but that it was proved that there was no general dependence of weather on the changes of the moon.—*Boston Journal Chemistry*.

PRACTICAL NOTES AND FORMULÆ.

Treatment of Malarial Fever.—Dr. W. L. Bell, in *Medical and Surgical Reporter*, says:—

Having lived for years on the banks of the Mississippi river, where intermittent and remittent fevers are the most constant maladies the physician has to combat, I will give my treatment in the chronic forms of this disease, in connection with enlargement of the spleen; and where it has been persistently adhered to for five or six weeks, I cannot record a single failure.

R Sulphite quinine..... 3 j,
Crys. iodine..... gr. xv,
Ipecac pulv..... gr. xx.

Triturate the iodine; add the ipecac and quinine, triturate the combination well; divide into forty pills.

Sig. One pill half hour before each meal.

I give the following prescription in connection with the above, to relieve the visceral obstruction and engorgement:

R Fluid ext. mandrake..... }
Fluid ext. leptandrin..... } aa 3 j,
Fluid ext. stillingia..... }
Whisky..... 3 ij.

M. Sig. Teaspoonful after each meal.

It will be necessary to check the paroxysm with an anti-periodic before commencing the above treatment. In very obstinate cases, where the disease is of long standing and the spleen is very much enlarged and indurated, an application of the comp. iodine ointment every other day will facilitate the reduction of this organ.

Dr. Gross' Neuralgic Pills.

R Dextro-quinia..... 3 ij,
Morphia sulphatis..... grs. iij
Strychnia sulphatis..... grs. ij,
Acid arseniosi..... grs. iij,
Ext. aconiti..... grs. xxx.

M. et. div. id pil. No. lx.

IMPROVED—DR. GROSS' NEURALGIC PILL—WITHOUT MORPHIA.

R Dextro-quinia..... 3 ij,
Strychnia sulphatis..... grs. ij,
Acid arseniosi..... grs. iij,
Ext. aconiti..... grs. xxx.

M. et div. in pil. No. lx.—*Monthly Review.*

Hypodermic Use of Quinine—

R Quinia bisulph. grs. j,
 Carbol. acid. gtt. v,
 Sulph. acid. gtt. ii,
 Aqua pura. 3 i.

M. One hypodermic syringeful equals from 3 to 4 grs. of the sulphate given "viam natura."

During the present summer season I have been battling with pernicious fevers in a variety of forms, both intermittent and remittent. In the intermittent it has proven most efficacious. When the attack is of an algidus form, hemorrhagic, or when the congestion is located in the stomach and bowels, adding one-fourth gr. morph. with the first administration in adults, I have been fully satisfied no ulcer is produced, and there is but little inconvenience felt, though there may be some soreness for a few days at the point of injection.—*Miss. Valley Med. Monthly.*

Emmenagogues.—Dr. Booth, in Therapeutic Gazette, says: "In answer to Dr. Charles H. Miller's query, 'What is wrong with our emmenagogues?' permit me to say the trouble lies, judging from his article, in that he prescribes too empirically, not giving proper consideration either to agents or quantities indicated in the cases being treated. Understand, I do not say he is given over to empiricism in these cases, but that such an inference may readily be drawn from his article, *vide* the Therapeutical Gazette, Sept., 1882, p. 334. The following will be found as reliable and safe as any formula we have ever known or tried:

R Fl. ext. polygonum punc. 3 ij
 Ol. sabinæ }
 Ol. rue } aa 3 ss.

Mix thoroughly. Sig. 3 ss three or four times a day.

Or, when indicated, the following emulsion of savin:

R Ol. savin, fl. ext. 3 j
 Spts. nitrous ether. 3 iij
 Mucilage of acacia. 3 j
 Water, ad. 3 vj.

M. Sig. Teaspoonful every two hours.

Nervine and Anti-Spasmodic—

R Potassii bromidi. gr. x
 Tinct. conii. gtt. xxx
 Tinct. val. ammoniæ. gtt. xx
 Aquæ camph. 3 j

M. A favorite prescription in the Hospital of Chest Diseases, London. It is useful in epilepsy, dysmenorrhœa, chorea, hysteria and the like.—*Medical Summary.*

Boracic Acid Cotton.—

Purified cotton wool.....	q. s.,
Boracic acid.....	10 parts,
Water	90 parts.

Dissolve the boracic acid in the water at a temperature of 60° C. (40° F.). Saturate the purified cotton wool with this solution, press it, dry it, and preserve it in corked bottles having a very wide mouth.—*Drug Cir.*

Salicylic Acid Cotton.—

Purified cotton wool.....	100 parts,
Salicylic acid.....	10 parts,
Strong spirit.....	100 parts,
Glycerine.....	1 part.

Dissolve the salicylic acid in the alcohol, add the glycerine to this solution, saturate the cotton wool with the liquid. Press out the superfluous liquid and dry, etc., as above.—*Ibid.*

Iodoform in Chronic Pulmonary Affections.—In phthisis, even at an advanced period of the disease with the presence of cavities, iodoform has given the author excellent results. In each case it diminished expectoration, and exercised a favorable influence upon the febrile manifestations. "Iodoform," he says, "diminishes the fever and affects the expectoration, which it not only diminishes in quantity but alters in character, preventing the putrefaction of its albuminoid elements. I am also convinced that the contents of the cavities in the lung exercise a powerful influence upon the production of hectic fever." In recommending iodoform in pulmonary phthisis, the author does not assert it to be a specific, but he claims that it arrests the march of this cruel malady and prolongs the life of the sufferer.

He also holds that in cases where caseous pneumonia is commencing, iodoform administered for a time proves efficacious in arresting the progress of the disease. With many individuals affected with chronic bronchitis and emphysema, it renders great service.

The formula which is employed is as follows:

Iodoform.....	grs. iss.
Powdered lycopodium.....	grs. viij.
Ext. of gentian.....	q. s.

Make into 10 pilules. Take 3 to 5 in the day.

If the dose is increased, gastric disorders supervene, and it is better to continue the above dose for a considerable time.—*Glasgow Med. Journ.—Medical News,*



EDITORIALS AND MISCELLANEOUS.

 See the Electric Brush advertisement—a novelty.

 See Battle & Co.'s new advertisement in this Journal; a staunch house and an enterprising one.

DRS. L. P. YANDELL AND MCMURTY are now in charge of the Louisville Medical News, Dr. Cottell having resigned.

DR. J. J. WOODWARD, ex-President of the American Medical Association, and one of the consulting physicians in the case of ex-President Garfield, is reported dangerously ill.

SIR THOMAS WATSON—The death of Sir Thomas Watson is announced. He was an eminent physician and a fine writer. He reached the age of 90 years.

INTRA-UTERINE CRYING.—Dr. Harlow reports to the Michigan Medical News, a case in which the fetus was heard to cry in the womb of the mother before delivery. We don't know so well about that.

PALMER'S PRACTICE OF MEDICINE.—The New York Medical Journal and Obstetric Review, gives a very unfavorable, and it seems to us, a somewhat over severe criticism upon Dr. Palmer's new work on practice.

THE NEW YORK POST-GRADUATE MEDICAL SCHOOL, it is said, has thus far met with gratifying success. The second term opened Jan. 8, 1882, and continues until April 28th, without intermission. It is believed that with its enlarged accommodations, improved facilities for instruction and increased corps of teachers, it will meet with still greater success.

PARKE, DAVIS & Co.—We are pleased to acknowledge the New Year's greeting from Messrs. Parke, Davis & Co., the members of that splendid and enterprising Drug house at Detroit, Michigan. We cannot match the beautiful and elegant card upon which "The Happy New Year" is engraved, but we heartily return the same greeting and warmly reciprocate their kind and complimentary expressions for THE RECORD.

SCOTT & BOWNE.—We tender our warmest acknowledgements to Messrs. Scott & Bowne, of 108 and 110th Wootster street, New York, for the New Year's token sent us, a floral representation of an exquisitely beautiful Flower Basket. As staunch business men, and as manufacturing Chemists, they are highly esteemed by the profession. Their emulsion of Cod-Liver Oil with hypophosphites, and other preparations are excellent, and are coming into general use by the profession everywhere.

DEATH OF PROFESSOR DRAPER.

Professor Henry Draper, of New York, died November 20th, 1882. He was connected with the Medical Department of the University of New York.

COLLEGE OF MEDICAL PRACTITIONERS, ST. LOUIS.

This, as appears from a circular received, is not so much a College as an Association of Medical Practitioners composed—

First. Of Faculty members, limited to twelve.

Second. Honorary members, unlimited.

Third. Associate members, unlimited.

The College or Association is open to the whole medical profession, graduates and non-graduates, and certificates of attendance will be given without an examination.

GRAVE ROBBERING.

With each succeeding winter a sensation is sprung at one or more points in regard to body-snatching. This time it comes from Philadelphia and Montreal.

Let the legislatures of the several States act wisely and pass laws giving to the colleges all unclaimed bodies and the bodies of any convicts and criminals not claimed, and we shall have no more grave robbing. The colleges are not inclined to draw anatomical material from what are called respectable sources, and know how to appreciate those natural and tender sensibilities which exist upon this subject. The newspapers are to be blamed for stirring up these sensations, and nine cases in ten they grow out of some indiscretion by parties who, perhaps, have been engaged and instructed to secure anatomical material, but to do so only from legitimate and proper sources.

TAXING PHYSICIANS.

The specific tax of \$10 in the state of Georgia upon the medical practitioner has always seemed to us to be unjust. Not that the medical man should claim exemption from bearing his share of the burdens of government, but that reasons exist why he should be relieved from this tax upon his profession. He pays upon his property and upon his income as do other men, and it is claimed that something should be paid upon his profession, which may be said to be his capital, in order to cover those cases wherein the party has no property, and yet this is not done upon all other professions, as, for instance, the Civil Engineer, the school teacher, the architect, etc.

But there is a stronger reason why the physician should be exempted from this specific tax, and that is because of the great amount of gratuitous labor that he performs, the benefit of which accrues to the public. No other class of men do so much for the poor as the medical man. It is well known that the state does not now, and never did, make adequate provision for the indigent sick. At all times, often in the dark hours of night, when others are asleep, and in all sorts of weather, the physician passes from one scene of distress to another, injuring his health and

risking life in behalf of the sick, who, in a great many instances, are unable to compensate him either for his labor or the medicines which he furnishes. To this he is impelled both by public sentiment and by the dictates of humanity. To say, as is often done, that he has voluntarily chosen a profession to which such duties are incident, furnishes no reason for that demand of public sentiment which exacts it of him, and is in itself a contemptible argument. Certainly there exists in it no proper ground for increasing his burdens by a specific tax. There is also another imposition to which the medical man is subject, which of itself furnishes a strong reason why he should be relieved of the specific tax, and that is, that he is compelled to give expert testimony before the courts without compensation.

Efforts have been vainly made in past years to secure the repeal of these unjust exactions. Yet we think the profession should not abandon their efforts in these matters, but that they should combine their influence against them throughout the state, and persevere until we are relieved.

W.

MEDICAL SOCIETY OF TENNESSEE—TRANSACTIONS.

Transactions of the forty-ninth annual meeting of the Medical Society of the State of Tennessee, held at Memphis, May 9th 1882.

The following interesting papers are to be found in the Transactions, a neat publication of 186 octavo pages:

Address by the President, G. B. Thornton, M.D.

The Progress of State Medicine in Tennessee, by W. M. Clark, M.D.
Antisepsis, by Henry Ess, M.D.

Urethral Strictures, by W. F. Glenn, M.D.

The Principals Involved in the Management of Abortion, by Alex. Erskine, M.D.

Observations of the Five Yellow Fever Epidemics, occurring in the City of Memphis, Tenn., by D. D. Saunders, M.D.

Hypodermic Administration of Morphia in Convulsions of Children, by Thad. Donohue, M.D.

The Practical Bearings of Iridectomy, by A. G. Sinclair, M.D.

Psychological Medication, by G. A. Baxter, M.D.

Medical Education, by J. W. Davis, M.D.

A New Urethratome, by R. B. Nall, M.D.

Typho-Malarial Fever, by T. K. Powell, M.D.

Reflex Troubles, the result of Rectal Irritation, and their Treatment, by W. F. Clary, M.D.

Epidemic Dysentery—as it manifested itself in Trenton, Tenn., and a portion of Gibson county, Tennessee, in the fall of 1880; its history and Etiology, by T. J. Happel, M.D.

The Prevention of the Puerperal Diseases, by Rich'd B. Maury, M.D.
Placenta Previa, by A. Jones, M.D.

OFFICERS ELECT FOR 1883.

President.—W. F. Glenn, M.D., Nashville.

Vice-Presidents.—For Middle Tennessee: W. F. Clary, M.D., Union-

ville. For West Tennessee: E. Miles Willett, M.D., Memphis. For East Tennessee: G. A. Baxter, M.D., Chattanooga.

Secretary.—C. C. Fite, M.D., Shelbyville.

Treasurer.—R. Cheatham, M.D., Nashville.

THE NEW YEAR AND THE PHYSICIAN.

As we go to press the New Year is already more than two weeks advanced, How rapid is the flight of time, and how swiftly moving seems the panorama of events as we look back upon our past lives! Many of the cares and responsibilities through which, as medical men, we have passed, seem not so great, perhaps, now that they are over; yet none but the physician knows how trying and arduous is the life which he leads. The emergencies of practice: its hardships, grave responsibilities, the scenes of agony and of grief and the wails of bereaved friends, who trusted to his skill and vainly appealed to him for relief and for life itself—these are the trials which, to the humane and conscientious physician, impart that subdued look, premature decline and melancholy aspect so often seen in the practitioner. This is the dark side of the picture. The true, honest and progressive practitioner has always the consciousness of having performed his duty well, and that, though he has often failed to save life where the best human skill was impotent, yet he has cured, or assisted nature in the cure of many cases, while others—not curable—have been relieved, the anguish of friends appeased and the dying pillows of those whom the Father had called up higher have been made soft and easy.

This we say of the true, honest and *progressive* physician—progressive because it is the conscientious duty of every practitioner to study his profession well, to read the journals and to keep pace with all the advances in the science, that he may be able to do the *best thing* for his patient that is known to the profession in his day.

Let, then, our brethren take courage, and if they have not heretofore acted upon these principles, let them form new and good resolves for the present year. And may brotherly love and a progressive spirit prevail throughout our ranks, and may peace, success and prosperity attend and crown the efforts of the readers of the RECORD in 1883. W.

BOOK NOTICES.

THE PHARMACOPOEA OF THE UNITED STATES OF AMERICA—Sixth Decennial Revision, by Authority of the National Convention for Revising the Pharmacopœa, held at Washington, A. D. 1880. New York: Wm. Wood & Co. McGarity & Laird, Agents, Atlanta, Ga.

This long expected work is now before the profession. Though designed specially for the Pharmacist, it is yet highly interesting and useful to the medical man. Certain new and progressive features will be observed in the work. The abstracts constitute a new and separate class of preparations. They may be termed "powdered extracts." Elixirs are not recognized. The alkaloids are made to terminate in *ina*, as quina, morphina, etc. Temperature is expressed both in Fahrenheit

and contereude scale. Both the mitric and common measures are used. We regret to notice that the doses are not given.

The work contains 488 octavo pages, and is sold in muslin at \$4.00; in leather at \$5.00

RECEIPTED.

1881—Drs. J. L. Silman, R. W. Lovett.

1882—Drs. P. P. Terry, H. T. Shiell, C. F. Rogers, J. W. Hill, G. A. M. Cook, J. S. Miller, E. H. Wright, J. W. Rickman, C. W. Bowling, P. A. Welhite, G. R. Dozier, C. S. Prustly, W. W. Culpepper, J. A. Gordon, J. M. Stansill, J. R. McQueen, J. F. Blanks, P. S. Anderson, A. B. Loving, W. H. Wilson, W. B. Maxwell, J. H. McCaleb, W. E. Walker, J. W. Talley, T. L. H. Cook, H. S. Bruce, J. M. Lewis, R. D. Jackson, L. T. Boatright, A. R. Brewington, J. H. Green, A. H. Sellers, A. Atkinson, J. W. Hoff, J. Hysel, F. Courtney, W. B. King, C. H. Jones.

1883—Drs. J. A. Ardry, J. H. Wysong, J. B. Payne, T. P. Olliver, Lockwood Allison, Lib. Surg. Gen'l; A. J. Sewell, Nathan King, Geo. W. Clower, R. L. Hinton, John Geidine, R. H. Edwards, R. E. Toombs, J. W. Baker, S. M. Logan, E. A. Anderson, W. J. Oglesby, W. T. Beall, J. T. Cleveland.

SPECIAL NOTICES.

PARKE, DAVIS & CO.—This magnificent Drug establishment, located at Detroit, Mich., have, by unremitting perseverance and faithfulness in all their business interests, obtained the confidence and good will of the medical profession throughout the entire country. They have accomplished much for the progress of Medical Science and largely benefitted mankind by the introduction of new and important Drugs. They are entitled to the thanks of the Profession, and justly deserve the high reputation to which they have attained.

WM. R. WARNER & CO.—This splendid Drug establishment continues to maintain the confidence and support of the Medical Profession everywhere. Their preparations are specially commended for their purity and neatness, and for the care with which they are manufactured. Their beautiful *Favules* are becoming more and more popular, and are certainly a great convenience to the practitioner. The house holds a deservedly high reputation throughout the whole country.

FARMERS and others desiring a genteel, lucrative agency business, by which \$5 to \$20 a day can be earned, send address at once, on postal, to H. C. WILKINSON & CO., 186 and 187 Fulton street, New York.

SONGS and BALLADS.—No more pleasing melodies can be found in any collection of music, than in "Popular Songs and Ballads," just issued from the press of the PATTEN PUBLISHING CO., New York. Some of the melodies have already made the fortunes of more than one Minstrel and Jubilee Troupe, and others are the favorites of our most popular Concert Singers. Of the 100 melodies which this book contains that are now having their run in Concert and parlor, we mention: "Sweet Days Gone By," "Why did the Angels Take Mamma Away?" "Let my Name be Kindly Spoken," "Ring a dem Charmin' Bells," "Over the Garden Wall," Etc., Etc. Address the Publisher, 49 Barclay Street, New York, with the price, 25 cts., if you want this charming collection of music.

The Faradic Brush Battery—Is a bona-fide battery, differing essentially from the ordinary brushes, belts, etc., that have been thrown upon the market. Physicians will find that an electric current is developed calculated to make an impression upon the skin, and to produce valuable therapeutic effects. See the advertisement in another part of this Journal.

Celerina—Dr. W. T. Leachman, of Louisville, Kentucky, says: I have used CELERINA in the treatment of nervous diseases with the most gratifying results, and in a few cases of Opium habit. I am thoroughly satisfied with its remedial effects in this particular affliction.

LISTERINE.—Now that the father of antiseptic surgery has placed carbolic acid under ban, and recommended eucalyptus as an efficient substitute for it, we would advise physicians to give LISTERINE a trial. Eucalyptus is one of its constituents; and the preparation, being a perfect solution, is presented in a form most convenient for general use.—*Louisville Medical News*, June 25th, 1881.

More of **ELLIOTT'S SADDLE BAGS** are sold than all other patterns combined. One thousand have been shipped to different parts of the country since January 1st. The proprietor invites a thorough investigation and comparison of every Bag in the market. The U. S. Government did this in 1879, and adopted the ELLIOTT. Doctors that do the same thing get the standard article. Send for circular to A. A. MELLIER, 709 Washington Avenue, St. Louis, Mo.

Pinus Canadensis.—DEAR SIR—Your Kennedy's *Pinus Canadensis* has answered an admirable purpose in two cases of catarrh of the bowels, and I want more immediately, and now ask that you send me half-dozen bottles by first express.

W. N. CLINE, M. D.

THE Southern Medical Record:

EDITORS:

T. S. POWELL, M.D. W. T. GOLDSMITH, M.D. R. C. WORD, M.D..

R. C. WORD, M.D., Managing Editor.

All Communications and Letters on Business connected with the RECORD must be addressed to the Managing Editor.

VOL. XIII. ATLANTA, GA., FEB. 20, 1883. No. 2.

ORIGINAL AND SELECTED ARTICLES.

CLINICAL REMARKS ON DYSPEPSIA.

BY R. C. WORD, M.D.,

Professor of Physiology in the Southern Medical College, Atlanta, Ga..

GENTLEMEN: The word dyspepsia is from the Greek *dus*, difficulty, and *pepto*, to concoct or digest. The word indigestion has the same signification. It presents itself to the practitioner in numerous phases. To understand, or to distinguish the varied forms of the affection, so as to apply the proper treatment, requires a thorough knowledge of the physiological processes involved in healthful, or normal, digestion. Unfortunately, many medical practitioners give no attention to the scientific aspects of the subject, and use the same treatment indiscriminately for every phase of the disease. The result is, of course, failure in a large majority of cases.

When consulted in a case of indigestion, the practitioner should carefully investigate the symptoms, in order to determine the particular link, or links, in the complicated chain of the digestive apparatus which is at fault, and direct his treatment to the special points of trouble.

We can not here enter into detail as to the minute chemical and physiological changes which are wrought upon alimentary substances in the normal processes of digestion, but will briefly glance

at the leading and more essential features. And first, it should be borne in mind that the food must be thoroughly masticated and mixed with saliva, by which it is rendered alkaline and the starchy portions of the food converted into sugar, by which it is made soluble: the organic ferment of the saliva, known as ptyalin, is the principal agent in this process.

Next, the contents of the stomach are made acid by the gastric juice, the ferment of which, *pepsin*, dissolves the connective tissue of meat foods, converting proteids into peptones, and turning loose the fats. A pulpy mass called chyme is formed, made up of liquid fats, peptones and remains of starch unconverted. These pass into the duodenum for further action. Here the bile, the intestinal juices and the pancreatic juices are poured in upon the mixture. The mass is changed from an acid into an alkaline state: the fats are emulsified and made soluble by the bile and pancreatic juice, the latter serving, also, to change any undissolved portions of starch into sugar. The peptones are taken up by the portal vein, and the emulsified fats by the lacteals. Peptones formed in the stomach are absorbed by the capillary blood-vessels and villi, and, through the portal vein, find their way to the liver. In the liver they are converted into glycogen, urea and kreatin, or, may be, reconverted into albumen for purposes of nutrition. The dextrine, or sugar, produced in the stomach from starch by the action of the saliva, and that formed in the duodenum by the action of the pancreatic juice, also enter the portal vein, and thus reach the liver, where it is changed, or fitted for entrance into the general circulation through the hepatic vein, and is oxidized in the lungs, producing animal heat.

Any excess of albuminoids and sugars not appropriated are thrown off through the kidneys and skin as urea, lithic acid, etc. It is essential to the proper action of these processes that the peristalsis of the entire alimentary canal should be in vigorous, uninterrupted action, so that the movements of the stomach may be complete, the necessary downward movement of alimentary substances be uniform, and that excrementitious matters be discharged by defecation regularly and daily performed.

From this brief reference to the several stages of the process of digestion, it is evident that dyspepsia may result from the imperfect performance of any one of the series of the several functions named, or that two or more of the separate stages in the process might conjoin as causes of the trouble, and that the degree of suffering and the phases of disorder presented would vary accordingly. Hence, the forms of indigestion which the physician is called upon

to treat are exceedingly numerous, and when considered in connection with idiosyncracies, peculiar temperaments and the reflex influences which radiate from and upon the stomach, they may be said to embrace a large proportion of the ills that flesh is heir to.

We have said that starch is converted into sugar, or dextrine, through the agency of a ferment contained in the saliva. Chemically speaking, it is made soluble by hydration, a molecule of water being added to it. For the solution of starch, as we have it in potatoes, flour, corn, tapioca, etc., thorough mastication and insalivation is necessary. Mastication serves to break down and disintegrate the particles of food. The grinding of grain before cooking facilitates the mastication, and is important. So the cooking breaks down the starchy particles and gives better access to the salivary secretion. To this part of the process, good teeth and slow chewing are important. In some cases of indigestion, it may be well to inquire as to whether the saliva is sufficiently abundant and of normal quality. This is a point which, so far as we know, has not been mentioned in the treatment as given by the authorities. The normal salivary secretion is alkaline; and yet, in some instances, it has been found to give an acid reaction: in which case we might expect to find the starchy portions of the food undigested, giving rise to acid eructations, the evolution of gases, flatulence, distension of the stomach, etc. Like symptoms would result if there was a deficiency of the quantity of saliva, whether caused by insufficient secretion, by imperfect mastication, or by hurried eating. For immediate relief in such conditions, alkalies are used. From a half to a teaspoonful of the bicarbonate of soda, or a teaspoonful of calcined magnesia, will almost invariably give present relief, but to prevent its recurrence the patient must be instructed to eat slowly and chew well. As a remedy to improve the salivary secretion, the bitter tonics, with alkalies, should be used.

R	Compound tinc. gentian.....	}	aa $\bar{3}$ iv
	Syr. rhubarb aromat.....		
	Bi carb. soda.....		$\bar{3}$ ss

M. Tablespoonful before meals.

Fast eating is one of the evils of the present age, and particularly so with the American people, whose habits of running to and fro upon railroads, in the constant rush of business, gives but little time to eat; and the mental care and worry of life, by interfering with the proper force and distribution of nervous influence, impairs the secretions and interferes with the digestive processes. The want of sleep, also, and the irregularity as to time of eating,

are among the causes which are fast making us a nation of dyspeptics. Mental influence of a depressing character, or too close application to study, tends to impair digestion by drawing off nerve force from the stomach, and by deranging the salivary and gastric secretions. Who has not observed in himself the power of a sudden mental shock in destroying the appetite? Bad news received while at a meal, or the occurrence of violent anger, will almost invariably arrest the secretion of gastric juice, and has been often known to develop a violent attack of flatulent colic.

Where insalivation is at fault, from whatever cause, the digestion is impaired by the non-conversion of starch into soluble sugar, as we have said. Slow eating and thorough mastication, the use of but little water while eating, with cheerful surroundings, are the means recommended to relieve indigestion from this cause. Maltine and malt extracts containing diastase—which, like ptyalin, has the property of converting starch into dextrine and into maltose—may be administered with good results in these cases, especially in the cases of children in whom the salivary secretion is often imperfect or deficient.

Any suppression or checking of the secretion of the gastric juice must derange digestion by interfering with the conversion of albuminoids into peptones. As a result, fermentative and putrefactive action will take place, attended with a labored, slow, and often painful action of the stomach. Chyme is imperfectly formed, and undissolved portions of food finding their way into the pyloric orifice give rise to pain and sometimes to cramp colic, or, being hurried through the small intestine, may cause diarrhœa or cholera morbus.

There may be excessive, or hypersecretion of gastric juice, in which case we have a burning sensation somewhat more intense than the ordinary heartburn resulting from the excessive acidity of the secretions of the stomach. Where the gastric juice is excessive, there is not so much flatulence, but more pain. In some instances the gastric secretion is thrown into the empty stomach, producing pain and a burning sensation which may be relieved by food. If not so relieved, or by a full dose of soda or other alkali, vomiting will result, and an intensely sour fluid, containing hydrochloric acid, will be ejected, excoriating the throat and putting, as we say, the teeth "on edge." In cases of excessive secretion, let food be taken often and regularly and alkalies administered, and let the bowels be kept open.

In cases where the gastric juice is deficient, there is a degree of flatulence, fetid gases are generated and the eructations indicate the presence of sulphuretted hydrogen.

For this latter condition the acid phosphates have been prescribed with benefit, or the nitro-muriatic acid may be given. Theoretically, pepsin, ingluven, pancreopepsin and lactopeptin, with antiferments and antiseptics are indicated.

In cases where heartburn results from simple acid fermentation, it does not, as a rule, come on so soon after eating as in the case of hypersecretion. There is more gas and flatulence, not so much pain, though there may be fulness and oppression, and sometimes globus hystericus, palpitation of the heart and oppression of spirits. Vomiting rarely occurs, though eructations of acid and belching up of the food frequently take place.

Too much sugar in the stomach may result from eating too much of the starchy class of food, the function of insalivation being well performed, or from an excessive use of syrups and sweets. The result is acid fermentation, headache, vertigo and often diarrhea.

An excess of peptones, resulting from the digestion of an excess of albuminoids, meats, etc., is a frequent source of trouble in the liver, as here these peptones are converted into glycogen and urea, and any excess of urea in the blood must lead to neuralgic and gouty troubles; especially if the skin and kidneys are impaired in action, as it is through these emunctories that the economy seeks to relieve itself of these poisons. In cases wherein the liver is thus burdened, there is a tendency to congestion of the organ, and to that bilious or disordered state of the alimentary canal which leads to nervous and sick headache, migraine, etc. During a surcharge of this kind the secretion of bile is interrupted or impaired, or the organ may throw off an acrid, vitiated bile, which, by reason of a loaded or congested state of the duodenum, may regurgitate into the stomach, giving rise to nausea, retching and vomiting, and to all those distressing symptoms which are so often met with in fashionable society from over-eating. Here, after Nature has prepared the way by emptying the stomach and duodenum, relief from the headache may be obtained by morphine hypodermically administered and keeping the patient quiet and without anything upon the stomach for a day or two. In most cases it is well to give a grain of saccharated calomel or a small blue pill at the time of using the hypodermic injection, which, acting next day, leaves the liver in a condition more favorable to the recovery of the patient.

In the milder cases of this kind, and in ordinary nervous headache, where the nausea does not prevent the use of remedies by the stomach, the following prescription I have found very useful:

- R Bromide of ammonium..... ʒ iij
 Deodorized tinc. opium..... ʒ iijss
 Camphor water..... ʒ ij
 M. Dose, one teaspoonful every two hours until relieved.

The functions of the duodenum are highly important in the process of digestion. Chyle is here first formed and extracted from chyme: here the bile and pancreatic juices accomplish their work, fats are emulsified and the remnants of starch unconverted in the stomach are changed into soluble dextrine.

The pancreatic juice and the bile, one or both, may be deficient in quantity and perverted in quality. To facilitate the efficient performance of their functions, the remedies mostly relied upon are those that act upon the duodenum. Of these, blue pill or calomel alone, or combined with small doses of ipecac or colocynth, will be found useful. The mercurials seem to exert a specific action on the liver, as, indeed, upon the glandular system generally.

Ipecac in small doses, alone or combined with other agents, acts favorably upon the duodenum and upon a torpid or congested liver.

Ipecac, grs. $\frac{1}{4}$, with calomel, grs. $\frac{1}{4}$, taken a few times as preliminary to the use of tonics, will usually prove beneficial.

- R Com. ext. colocynth..... } aa grs. v
 Blue pill..... }
 Ipecac..... grs. $\frac{1}{2}$

M. One pill as a bilious cathartic. Useful, also, in duodenal congestion.

- R Blue pill..... grs. lx
 Podophyllin..... grs. viij

M. Pills No. xxxii, one to be taken occasionally: useful in torpor of the liver and duodenum.

The drugs just mentioned, as also senna, euonymus and podophyllin, act upon the duodenum in such manner as to increase its peristalsis, stimulate its secretions, relieve hyperæmic or congested conditions of the part, and open and free the pancreatic and bile ducts to an easy and ready discharge of their contents. That calomel has this effect upon the duodenum is abundantly confirmed by experience.

The points we have referred to embrace the leading or more prominent functions connected with digestion, and should be carefully studied as landmarks for guidance. Upon careful investigation every case of indigestion you may be called to treat will be found to involve one or more of the elements to which I have referred. In the matter of treatment we have only glanced at the

general principles, and must leave you to judge of each individual case as it presents itself, directing your treatment accordingly.

To one other point I again recur, and that is imperfect or irregular peristalsis. Herein is included constipation, which is a frequent trouble, and is, indeed, the sole cause of many cases of indigestion, especially frequent in persons of studious and sedentary habits. *Nux vomica*, having the property of stimulating peristalsis, is a remedy of great utility in the treatment of dyspeptic cases. It is indicated in every case attended with deficient peristaltic action, or constipation in any degree. In dyspepsia from simple atony of the stomach, this remedy is indicated, and in every phase of the disease attended with torpor of the bowels it should be prescribed. In such cases the breath is bad and the tongue is covered with a white fur and presents a somewhat large and flabby appearance.

Here the nux may be used. The formula containing this article may be varied or combined to suit the special conditions of the case.

R Ext. nux vomica.....grs. $\frac{1}{4}$
Aloes soc.....grs. ij

At bed time as a laxative.

This is especially adapted to torpor of the colon or rectum.

R Aloes soc.....grs. xl
Ext. Hyoscyami.....grs. xx
Ext. nux vomica.....grs. v
Ipecac.....grs. v

M. Make pills No. xx. Take one at bed time. Anodyne at night, laxative at morning.

In debilitated subjects, especially in those of an anæmic tendency, this remedy, as found in the elixir phosphate of iron, quinine and strychnia, will, in most instances, give good results in toning up the system, improving the blood and encouraging regular action of the bowels. The same in pill form is often more efficient in action and acceptable to the patient.

R Pyrophosphate of iron..... } aa 3j
Sulph. quinine..... }
Strychnia.....grs. i
Ext. quassia.....q. s.

M. Make pills No. lx. S. Take one before each meal.

The following is excellent:

R Assafœtida.....grs. xl
Ext. nux vomica.....grs. x
Iron by hydrogen.....grs. xl
Ext. quassia.....q. s.

M. Make pills No. xl. Take one three times a day.

Tonic, nervine, laxative; useful in nervous dyspepsia, attended with flatulence and constipation, and especially adapted to anæmic and hysterical females.

Podophyllin in minute doses, as an alterative and peristaltic persuader, I have found a useful agent in torpid liver, and as a remedy for constipation, not only in dyspepsia, but in all affections where constipation requires to be corrected. The one-twentieth or the one-fortieth of a grain repeated at intervals of four to six hours will be found an efficient alterative in such cases. I have been accustomed to use for this purpose the parvules of Wm. R. Warner & Co., containing each the one-fortieth of a grain of podophyllin. One or two of the parvules, taken three times a day, will, in many cases, relieve constipation and cause a regular and easy evacuation of the bowels daily, at the same time exerting a beneficial influence upon the liver and the alimentary secretions. In cases somewhat obstinate, demanding stronger action, one or two of his aloin parvules, taken with the podophyllin, will suffice to give a mild evacuation. When a safe and efficient purgative is demanded, three to five of the aloin parvules may be given.

Our experience in the use of Warner's parvules has been very satisfactory. They are evidently prepared with great care and precision, and of the best materials. Their small size and minuteness of division enables the practitioner to grade the dose to any desired quantity. For convenience of administration and for neatness and beauty of appearance, even the homeopathist is fully rivaled.

Touching the diet of dyspeptics, I will not attempt any specific rules. The general principles which I have given will, in a measure, furnish a guide to the practitioner.

If insalivation is at fault, be careful as to the use of starchy articles of food. If the gastric juice is deficient, be careful in the use of meats and albuminoids. In general, a spare diet at long intervals, moderate exercise in the open air in an agreeable occupation, or traveling, tent life and a pleasing diversion of mind will benefit the dyspeptic, and will be sufficient, in many instances, to effect a cure.

THERE is a true and a false medicine. The true consists in knowing how much we know; the false in pretending that all the arcana of disease and Nature is open to us. The true is noble and honest; the false is ignoble and dishonest.—*Thomas F. Dolan, F. R. C. S., in Med. Press.*

A CASE OF DIFFICULT LABOR.

By A. W. REESE, M. D.

On Saturday, October 16, 1871, I was hastily summoned, at ten o'clock p. m., to the bedside of Mrs. L., of this place. On my arrival I found present in the sick woman's room Dr. H. the attending physician, Dr. W. C., called in consultation first, and Dr. S. P., added to the council previous to my arrival at the house. I discovered it to be an unusual case of labor. Dr. H., informed me that he had been called to the patient the preceding night (15th); that she had been in labor since two o'clock that morning; that she had just passed through two severe and alarming convulsions, and finally, that the medical gentlemen present all differed in regard to the presentation. Dr. H. gave it as his opinion that it was a presentation of the breech; Dr. W. C. thought it was the abdomen, and Dr. S. P. was sure that it was the shoulder of the fetus that presented itself to the touch.

Such then, in brief, was the history of the case, together with the differing views of the respectable medical men with whom I had been called to consult. The patient was profoundly under the influence of chloroform when I entered the room, Dr. H., the attending physician, administering the drug.

On concluding a statement of the above brief outlines of the case, Dr. H. asked me to make an examination and give my views, which I at once proceeded to do. The touch revealed a strange, unusually-shaped mass blocking up the entire pelvic cavity. In the course of a somewhat extensive obstetric practice, I had hitherto met nothing like it. And yet, in spite of its seemingly anomalous character, I could not resist the conviction that the vertex was the presenting part. In fact I felt sure that it was the head that came in contact under the touch.

The shape of this cumbrous mass was, I admit, altogether unlike any other fetal head I had ever met before, and I must confess that this fact was rather against than in favor of my diagnosis in this knotty case. But on the other hand I was sure that I could feel the short, silky hair that usually covers the fetal scalp.

Dr. S. P. could by no means agree with me in this diagnosis. He attributed the sensations derived by me from the touch, to abrasions of the cuticle upon the presenting part of the fetus, as there had been a good deal of manipulation before my arrival in the case. Neither my judgment nor experience could approve this view of the matter.

Whilst making my examination, I rapidly reviewed, in my own mind, the conflicting and diverse opinions of colleagues, and endeavored to determine their respective merits in a diagnostic point of view. First, then, I carefully scrutinized the position of Dr. H., the supposition of a breech presentation. And, truly, there seemed considerable grounds for his opinion. Here was a large mass, divided longitudinally, by a deep sulcus or groove, into two distinct, rather oblong hemispheres, which indeed bore a remarkable

resemblance to the nates. But there were two features of the case which led me, unhesitatingly, to reject Dr. H.'s conclusion. In the first place, the hemispheres of the nates (if I may be allowed the expression) are soft, elastic, yielding, and pliable under the touch. In the present case these protuberances (whatever they might prove to be) were directly the reverse, being hard, dense, compact, inelastic, and, in short, felt to me just like bone covered by integument. Secondly, in passing my index finger from one end of this deep sulcus to the other (which, by the way, was no easy matter) I could discover neither the genital organs nor the anus; one or both of which must have been attainable in a breech presentation, except in a case of monstrosity, which latter is unusual and rare.

For these reasons I could not accept the view of the case under consideration as being a presentation of the breech. I next reviewed the opinion, expressed by Dr. W. C., that the abdomen was the portion of the fetus accessible to the touch. I endeavored to ascertain what features of the case could lead the Doctor's mind to this singular conclusion, for I had never met such a presentation, and was, moreover, skeptical as to its existence. The records of the profession sustain me in this opinion. Ramsbotham says, that in one hundred and fifty cases of transverse positions of the fetus, where he had been called to operate, he had met but one case of presentation of the abdomen. Chailly denies their existence altogether; though in the American edition of that author's work, Dr. Gunning Bedford, the editor, mentions a case of the kind which he saw in consultation. Cazeaux, Dubois, and Naegele recognize but two trunk presentations, one for the right and one for the left side. Madame Lachapelle denies the existence of such a presentation. This celebrated midwife declares that, in as many as forty thousand cases occurring at La Maternite, she had not met a single case of presentation of the abdomen.

In the case under consideration I could certainly expect to find either the soft, fluctuating, yielding parietes of the abdomen, the ensiform cartilage of the sternum, the symphysis pubis, or the insertion of the umbilical cord at the naval, if the belly, according to Dr. W. C., were the presenting part. But none of these portions of the fetus could be felt. I therefore excluded the abdomen from my diagnostic list. In confirmation of Dr. S. P.'s, theory, that it was the shoulder, I could feel neither the axilla, any portion of the arm, the clavicle, fetal ribs, neck, acromion process, nor any other evidence that would lead me to the conclusion that it was a presentation of the shoulder, right or left.

On retiring for consultation I gave my opinion, and the reasons influencing my mind in entertaining the views expressed. Each of my colleagues, however, seemed "fully persuaded in his own mind" of the correctness of his own diagnosis. Such being the case, not much concert of action could be expected.

Finally, after much talk, it was agreed to review the case, each of us to make another examination, and see what results could be obtained. We returned to the parturient chamber, and each one instituted a further examination, with the exception of Dr. H., the

attending physician, who declined, stating that he was fully satisfied that it was the breech. Dr. W. C., the pioneer physician in the county, made a prolonged and rather tedious examination. He was succeeded by Dr. S. P., and lastly by the writer. We again retired for further consultation, and I must say that it was not a little amusing to see how positive each had become as to the correctness of his former opinion. No new light was thrown upon the subject.

Meantime it was becoming painfully evident that the vital forces of the patient were beginning to flag; the countenance was pale, the surface cool, the pulse feeble and growing quick and small, and the mind becoming despondent. These were serious symptoms, and showed that little time was to be lost in instituting some means for the woman's speedy relief.

The expulsive contractions of the uterus were powerful and continuous, but not a particle of advance was made by the presenting part of the fetus. As the result of further consultation resort was had to the forceps. Dr. S. P. volunteered his services in that direction, but after repeated and persistent efforts failed to deliver. After some time spent in these fruitless labors, the Doctor finally gave it up as a bad job, and asked me to try my hand. I took the handles of the forceps and withdrew the instrument from the patient's body. In reply to the Doctor's expressive look of inquiry, I said, "I am loth to use the forceps when there is room for doubt as to what part of the fetus they are to be applied."

I then made the third examination, as did also the two other consulting physicians, but without coming any nearer to an agreement than at first. I then made the suggestion that, regardless of the presentation, an effort should be made to reach the feet, and by turning the fetus deliver at once. This proposition met with general favor, for we had now reached a stage in the proceedings when anything looking toward relief was gladly accepted. I was requested to make the attempt. I did so, and after great difficulty succeeded in reaching the feet, but found it impossible to turn. The two remaining consulting physicians both made similar efforts but without success.

At this stage of the case a final consultation was held, in which it was determined to use the perforator at once upon the most accessible part of the fetus, regardless of what it might ultimately prove to be, and thus by materially reducing its bulk, effect the speedy delivery of the woman, whose condition was now beyond question one of extreme peril. The perforator was therefore immediately brought into requisition. This procedure was instantly followed by an immense gush of water, a gallon at least in quantity, making its escape in a literal torrent. The blunt hook being then inserted into the opening made by the perforator, the fetus was speedily brought through the vulva. An inspection revealed a very large child with an enormously enlarged head.

The incision made by the perforator was directly in the center of the median line between the os frontis and the occiput, through the sagittal suture, thus putting the question of the presentation beyond all dispute. The sulcus felt by us was caused by the ter-

rific pressure brought to bear by the uterine contractions upon the parietal bones of the fetal head.

On measurement, which was effected by stuffing the cranial cavity with raw cotton and the use of a tape line, the proportions of the fetal head were found to be enormous. The distance from the nasal bones to the occipital protuberance was twenty-two and one half inches; circumference, measuring just above the ears, twenty-nine inches; from apex of chin to anterior fontanelle, nineteen inches. Unfortunately we neglected to weigh the child, but it could not have fallen short of fourteen or fifteen pounds. With the exception of its head it was well shaped and healthy in appearance.

I saw this patient again on Sunday morning, the 17th, in consultation. Dr. W. C. and I called together. The symptoms were regarded as unfavorable. There was a pulse of one hundred and ten, inclining to be small and wiry, hypogastric tenderness, and pain and slight tympanitis. She was rational but restless and despondent. Dr. H. was still in charge of the case. I expressed my opinion to Dr. W. C., on our departure from the house, that she could not survive. The Doctor coincided in this view of the case. The prognosis proved correct, for she grew rapidly worse, and in a few days perished from metropéritoneal inflammation.

I am led to report this melancholy case, not for any purpose of self-glorification, not because I claim any special infallibility in diagnosis, or that I desire to appear "wise above that which is written," but because I think it an instructive case that may prove of some benefit to the profession, especially its junior members, and that there is sometimes "in a multitude of counsel" considerable confusion.

Accuracy in diagnosis is not always possible, even to the most experienced and skillful men. Mistakes will sometimes occur even with the best informed members of the healing art. I am satisfied that cases do arise where the wisest heads are sorely puzzled. Skill in diagnosis is the result of patient, laborious, and careful observation. Abernathy once said that "genius in a medical man consists in a patient observation of facts."

A man is a physician in the highest sense of the name, just in proportion to his knowledge of pathology and his skill in diagnosis, for "upon these two hang all the law and the profits." (Excuse the pun.)

The more we are impressed with this fact the more certainly shall we approximate that perfection in our noble profession which is the goal of our common ambition.—*Louisville Medical News.*

Salicylic Acid in Psoriasis and Eczema.—Dr. I. Rabitsch, of Cairo, speaks very highly of a ten per cent. solution of salicylic acid in forty per cent. alcohol for the treatment of psoriasis, eczema, and especially the different varieties of *tinia*. He records a number of cases, and claims that it is an excellent parasiticide.

TWO CASES OF TRACHEOTOMY.

BY C. G. JENNINGS, M. D., DETROIT.

CASE I.—John McDonald, *æt.* nineteen months. During the night of November 8th he began to cough hoarse and have attacks of difficult breathing. This passed off the next day but returned the following night. He was first seen on the morning of November 10th. He then coughed croupy, was aphonic and showed slight embarrassment in respiration. Temperature 99° ; pulse slightly accelerated; no exude visible in the throat; no swelling of the cervical glands. The dyspnœa again became great toward night, and by noon the next day the stenosis had so advanced, that other measures having failed to give relief, tracheotomy was decided upon. The treatment to this time had been the use of the steam atomizer with a solution of bicarbonate of sodium ten to fifteen minutes out of every half hour; the administration of two grains of quinine every three or four hours; expectorant doses of syrup of ipecac continuously, and emetic doses when the breathing was very difficult.

At 3:30 o'clock p. m. the child was in the third stage of the disease. The paroxysms had ceased, the dyspnœa was continuous and great, and cyanosis was becoming marked. Assisted by Drs. Campau and Miner, with the patient under chloroform, I opened the trachea above the thyroid isthmus, incising the cricoid cartilage and enough of the trachea to admit a small canula. There was no exudate below the opening, and the child breathed freely. The tube produced no irritation, and the little patient slept quietly for several hours after the operation. Nine o'clock p. m.—Temperature, 102° ; pulse, 150; respiration, 30. He coughed a little bloody mucus.

November 12th.—Passed a very quiet night; coughed but little and no difficulty was experienced in keeping the tube clear. Temperature, 101° ; pulse, 140; respiration, 36.

November 14th.—Last night he coughed up a membranous cast of the trachea one inch long. The canula was removed to wash the wound. The lower part of the wound was healed by first intention.

From this time the case went on favorably. No diphtheritic exudate appeared on the wound and no complications arose, except a very slight bronchitis on November 29th and 30th. For several days previous to this the larynx seemed free from exudate, but the permanent removal of the canula was delayed until December 3, twenty-two days after the operation, on account of collapse of the anterior wall of the trachea, which would take place at every deep inspiration. The tube could be left out for several hours if the child breathed quietly, but it would have to be replaced immediately if he began to cry. This condition, as I showed in the report* of a previous case, is quite liable in very young children to delay the permanent removal of the canula.

*New York Medical Record. Oct, 1, 1881.

At the present writing the external wound has not completely closed but it is healing rapidly. Vocalization is perfect.

CASE. 2. Lillie G., æt. 7 years and 8 months. This patient was taken ill with pharyngeal diphtheria November 10th. The exudate extended over the tonsils, pharynx, uvula and arches of the soft palate. There was considerable swelling of the cervical glands and the constitutional symptoms were quite severe. On the 15th, when the pharyngeal disease was declining, she became hoarse and aphonic, and in a few hours the shrill cough and dyspnoea indicated the extension of the exudate into the larynx. The treatment for the pharyngeal disease was continued, and the steam atomizer with sodium bicarbonate used every half hour. For five days the symptoms of laryngeal stenosis continued with varying severity. Encouraging remissions would take place every morning, and once or twice complete relief followed the separation of large pieces of membrane. The nocturnal exacerbations were quite alarming at times, but were not sufficiently prolonged to demand operative interference. The child refused to take nourishment during this period and became quite weak and emaciated. The course of treatment pursued was the administration of two grains of quinine in syrup every four hours; expectorant, and at times emetic doses of ipecac; stimulants in moderate doses; tincture of the chloride of iron; and the use of the steam atomizer almost continuously with a solution of sodium bicarbonate, alternating with a very weak solution of sodium hydrate. Two emetic doses of turpeth mineral were given one night when the breathing was very difficult, but no relief followed. The morning of the 20th did not bring the usual remission, and early in the afternoon it was decided that tracheotomy offered the only hope of prolonging the patient's life.

The condition of the patient was quite unpromising for the operation. A thin diphtheritic membrane still covered the pharynx, uvula and arches; the glandular swelling had not entirely subsided. The dyspnoea was great, the face pale and perspiring, lips dark and finger nails blue; great depression of the epigastrium at every inspiratory effort. Pulse, 160 and very weak. The little patient was completely exhausted by her long struggle for air. The only circumstance which gave me a particle of hope for the operation was the fact that the diphtheritic process had reached its height and was rapidly declining. If we could avert the impending suffocation, and by the relief it would afford conserve the patient's strength for a few days, the larynx would throw off the obstructing membrane and a cure follow.

At 3:30 o'clock p. m., assisted by Drs. Campau and Miner, I performed a laryngotracheotomy, incising the cricoid membrane and cartilage, and two or three rings of the trachea. A teaspoonful or more of pus came through the opening and a large piece of membrane was removed with the forceps. After the trachea was cleansed, and appeared perfectly free below the opening the canula was inserted and respiration went on easily. Ten o'clock p. m.: Temperature, 102°; pulse, 140; respiration, 24.

November 21. Passed a very quiet night, sleeping most of the

time. Is much stronger. Temperature, 90°; pulse, 100; respiration, 24; takes some nourishment.

November 23. Removed the canula from the wound this morning. A large patch of diphtheritic exudate extends downwards from the lower end of the wound. She coughed through the wound almost a complete membranous cast of about three inches of the trachea.

November 25. The slight extension of the diphtheria mentioned in last note has quite prostrated the patient. She again refuses nourishment. Pulse 150, very weak; temperature, 100. The exudate on wound has been kept covered with powdered iodoform and it now has disappeared. The larynx also is clearing up.

November 26. Found the larynx perfectly free this morning. Left the canula out and dressed the wound with a large pad of absorbent cotton and iodoform vaseline. Liquid food comes out through the wound in attempts to swallow. Temperature, normal; pulse, 160. Patient is very weak. Ordered peptonized beef, elixir of calisaya, iron and strychnia, and sweet cream and brandy *ad libitum*.

For two days this state of alarming prostration continued. Then her appetite returned. She rapidly gained strength, and in a short time was convalescent. At this time the wound is not entirely healed, but is closing rapidly. She is still aphonic.

These two cases are of considerable interest, since recovery took place in both, when there was apparently but little to be hoped, on account of the tender age of the patient in the first case, and the asthenia in the second.

The operation on children under the age of two years, has not been very successful. With some operators it has been so uniformly fatal, that they consider this age a contra indication to the operation. The most complete statistics of tracheotomy in the United States are published by Dr. Wm. M. Martin, of Mobile, in Gaillard's Medical Journal for January, 1880. He gives a table of 32 operations on infants under two years of age, with five cures and 27 deaths, a proportion of one cure to 6 2-5 cases. Dr. Geo. F. Shardy, in a recent number of the New York Medical Record, publishes a successful case at the age of 11 months. This would make the published statistics, including the writer's case, show seven cures in 24 operations.

I have considered these cases to be diphtheritic croup. Although in the first case there were no constitutional symptoms manifest during the whole course of the disease, the epidemic in the neighborhood and a clear history of long exposure, leave no doubt in my mind that the disease was diphtheritic in its origin. I attended a sister of the child, who had diphtheria, a week or two before his attack, and he remained in the room with her during her entire illness. Four other children, who were sent away, escaped.—*Detroit Clinic.*

SOME POINTS ON THE REDUCTION OF HERNIA.

By J. S. WIGHT, M. D.

Seeing that the major operation, or opening the sac, in a case of hernia is one that may involve great danger, and seeing that the minor operation, in which the sac is not opened, may involve some danger, and seeing that the *taxis* is a safe procedure, especially when it is successful, any expedients that will enable the surgeon to reduce a greater number of hernia, so that fewer operations will be required, will be the means of saving life. In this statement it is implied that cases of hernia are operated on that do not require an operation, and it must be admitted that it is not good practice to operate on a hernia that can be reduced by taxis.

The method of taxis for reducing a hernia—especially one that is strangulated—that I have adopted and advise, may be described as follows:

1. As far as possible, grasp the hernial tumor with one hand: this can generally be readily done, except when the tumor is very large. The right hand will be best adapted for this purpose.
2. Now take hold of the neck of the hernial sac with the thumb and fingers of the left hand, in close proximity to the ring of constricting tissues, which can generally be readily distinguished.
3. Then make gentle traction on the hernial tumor by means of the right hand, when two effects will generally supervene: (1) The hernia will be drawn out a little and liberated from the ring of constricting tissues, and (2) some of the fluid contents, and may be some of the solid contents, of the sac may be felt going through the hernial canal into the abdominal cavity. As the hand pulls on the tumor, it will compress it at the same time, and thus tend to express the contents of the sac; and the contents of the sac will be more apt to be expressed because the hernia is liberated from its constriction.
4. The thumb and fingers of the left hand, as it were, supplement the hernial canal, as they are near the constricting tissues, so that the sac and its contents will be prevented from expanding just outside of the outer end of the hernial canal. In one instance the thumb and fingers will accurately guide the hernial contents into the hernial canal, and in the other instance the hernial contents will swell out around the outer end of the hernial canal. In the latter instance the reduction of the dislocated intestine will be obstructed, and in the former instance its reduction will be greatly facilitated.
5. When the fluid contents of the sac begin to *go back*, then the solid contents of the sac will also begin to *go back*. The left hand of the surgeon must still continue the work it has begun, but the right hand must now, in addition to firmly grasping the hernial tumor, begin to push this tumor toward the external ring, in between the grasp of the thumb and fingers of the left hand, when, generally, little by little, and sometimes suddenly, the dislocated intestine will be reduced. Of course, the rules of position and relaxation in regard to the patient should be put in force. When

this method of taxis is properly carried out, it will, no doubt, diminish the number of operations for strangulated hernia.

6. In this place I may draw attention to this method of taxis, for the purpose of reducing a hernia when the minor operation is performed, since the constriction may be outside the neck of the sac. Also, I may call attention to the fact that I have sometimes expanded and stretched, or, perhaps, torn more or less, the constricting band of tissues about the neck of the sac, by means of my finger, which has been pushed up under the edge of this band, carrying the tegumentary tissues before it, thus enabling me to reduce a hernia because the canal has been enlarged. At times I have found this a most valuable expedient, and have never known it do any harm.

In order to illustrate the procedure above described, two cases of femoral hernia may be related:

I. Mrs. S., widow, 63 years of age, was seen by me for the first time January 6, 1882. She had a strangulated femoral hernia on the left side, about as large as one's fist. The swelling had been down about a week; the patient had been vomiting for three or four days; the temperature was about 90° ; the pulse was about 100; the abdomen was soft and was not tender; the bowels had not moved for a week; there was no special tenderness about the tumor; the patient was anxious and depressed in spirits. Two days before I saw this patient a physician visited her, and did not succeed in reducing the hernia: another physician saw the patient on the evening before I saw her, and did not succeed in reducing the hernia. The patient was under the impression that an operation must be performed, and that she would die.

I saw this patient about five o'clock, p. m., January 6, 1882, and put in practice the method of taxis above described, and reduced the hernia in about fifteen minutes; ordered rest, anodynes, and a mild diet, followed in two days by a dose of castor oil. This patient made a rapid and excellent recovery.

II. Mrs. M., widow, 42 years of age, much addicted to alcoholic drink, was seen first by me January 16, 1882. She had a strangulated femoral hernia on the left side nearly as large as one's fist; it had been down for nearly one week; the patient had been vomiting for two days; her temperature was $98\frac{1}{2}^{\circ}$; the pulse was about 110; the abdomen was soft, and the furrow in the inguinal region was deep, as there was much adipose tissue. Her physician advised an operation, and was of the opinion that she would die without an operation. The patient declined an operation.

I saw the patient about half-past one, p. m., of January 16th, and in about ten minutes reduced the hernia by means of the method of taxis above described. In the evening the patient's bowels moved three times. Rest and a mild diet completed the cure in a few days.—*Soc. Co. Kings.*

Anæsthesia of the Pharynx.—M. Du Cazal remarks that tincture of coca is an excellent medicament to cause anæsthesia of the pharynx. This can be secured by simply painting the mucous membrane. This fact is of interest to all who use the laryngoscope.

ABSTRACTS AND GLEANINGS.

Bromide of Ethyl, the Most Perfect Anæsthetic for Short, Painful Surgical Operations.—Prof. Chisolm, in a paper read before the Academy of Medicine, Baltimore, after confessing former ill success with this agent and a consequent prejudice against it, says: "Having found out how to use it, and what to expect from its administration, I can obtain the most brilliant results from it, and have become quite enthusiastic in its praises.

"In every patient, using the needful precaution, I have produced complete narcosis in less than one minute, often in from twenty to thirty seconds. A deep sleep which, however, will not last more than one or two minutes. From this speedily induced narcosis recovery is rapid and complete, with neither nausea nor heaviness, so that, as a rule, five minutes after the inhalation the patient is as much himself as if no anæsthetic had been used. Experience has taught me that these are the peculiarities of the bromide of ethyl when administered for anæsthetic purposes, and that as such they will prove of inestimable value to surgery.

"The following very interesting cases, patients recently operated upon, will illustrate how thoroughly and speedily the brain resumes its full function after complete ethyl narcosis:

"Miss M., a self-possessed little girl, eight years of age, desired to have an ugly squint corrected, and exhibited no timidity in witnessing the preparations needful for its performance. Prior to getting upon the table she had her collar loosened to remove any impediment to respiration. In doing so she took two roses from her dress and placed them on a vacant chair near by. She was then put on the operating table and the bromide of ethyl administered. A very few inspirations produced deep sleep, under which the tenotomy of the rectus muscle was performed. The ethylization and squint operation occupied fifty-six seconds: the time was taken by one of my assistants. Within three minutes from the commencement of the narcotism the child was perfectly awake, and was ready to get from the table. When on the floor she walked at once to the chair, and within four minutes from the time that the anæsthesia was commenced she was engaged in pinning these roses into the front of her dress, with a composure which showed not only no present discomfort, but a complete oblivion of the experience through which she had just passed.

"The second case, also one of convergent squint, was that of a boy, fifteen years of age, who seemed very anxious to get rid of his deformity. After getting on the operating table, before the medical class at the University of Maryland clinic, I told him that when the towel was placed over his face it would have a very choking sensation, but that he could not choke from it. I also showed him how to take quick and full inspirations, so that the suffocative sensations would entirely pass away before he had breathed a half dozen times. When the folded towel, upon which a drachm of ethyl had been poured, was placed over his face he

commenced a most active respiratory movement, which, in a very few seconds, quieted down into deep sleep. Within thirty seconds from the commencement of the ethylization narcotism was profound. The operation was commenced without delay and the division of the tendon speedily consummated. The entire operation, from the commencing ethylization to the perfection of the tenotomy, did not exceed sixty seconds. A minute had not elapsed from the completion of the operation when he awoke, and, jumping from the table to the floor of the amphitheatre, he cried out in a jubilant voice, 'I am all right,' much to the amusement of the medical class who crowded the benches: a very different behavior from that which follows the inhalation of chloroform or ether. In this case the entire period, from the beginning of the inhalation, through the stage of complete narcosis, to perfect restoration, did not exceed two minutes."

Other cases are given with like results. He further remarks:

"Experience, by daily administration, has taught me this very valuable lesson, viz., that the Bromide of Ethyl is not an anæsthetic which can be advantageously repeated, or its inhalation be continued for any length of time. This is one of the serious mistakes which we made in our early experiments, and which induced me, through ignorance, to discard the new agent as unreliable.

"Its wonderful action is obtained during the first minute of its inhalation, and what I have called its primary anæsthesia.

"In cases in which, from some interference with the rapidity of the manual of operative procedure, this primary anæsthesia wears off, and a second, and even more numerous administrations have to be made to keep up the anæsthetic state until the operation can be completed, while the narcosis can at all times be reproduced, nausea is very apt to follow. By this frequent repetition of the inhalation, a mental depression is established, as from the continued use of chloroform or ether, which may last many hours.

"Fortunately, there are many surgical operations of a very painful nature which can be perfected within the short period of a primary ethyl narcosis. Abscesses can be lanced, cysts emptied, sinuses laid open, wounds probed, strictures incised, muscles divided, ingrowing nails removed, surfaces cauterized, examinations made necessitating painful manipulations, and even amputations may be performed. It must not be forgotten that prior to the discovery of anæsthetics, Mr. Liston urged the general adoption of flap amputations, because all painful cutting, including the sawing of the bones, could be completed in so many seconds, and did not require minutes, at the hands of dextrous surgeons.

"To use the bromide of ethyl efficiently, one must have confidence in himself and, also, in the safety of the agent which he is administering.

"For long operations, or such as I desire to complete slowly, I prefer to administer chloroform, an anæsthetic with which I have had a long, extensive and uninterruptedly satisfactory experience. Of over twelve thousand patients upon whom I have operated under the narcotic effects of chloroform, I have not lost one. These patients cover organic disorders of heart, lungs, kidney or

visceral disease, in persons of all ages, from the child only a few days old to my oldest chloroform administration, a very old man of ninety-six. Some were strong while others were very feeble. I never refuse the comforts of an anæsthetic to any person upon whom I have to operate.

We now append Dr. Chisolm's method of using chloroform:

"1. I always, without a single exception, give a strong drink of whiskey, from one to two ounces, to every adult to whom I intend to administer chloroform. This is done a few minutes before they get on the operating table. Because I never omit this fundamental law, and in advance sustain the heart against the depressing effect of the anæsthetic, in not one of my twelve thousand cases have I ever had to use, in a single instance, a hypodermic of whiskey. It is already in the stomach should it be needed, and can do no harm if not required.

"2. Always loose the neck and chest clothing, so as to have no impediment to respiration.

"3. Only administer chloroform in the recumbent posture, with body perfectly horizontal and head on a low pillow, this pillow to be removed as the anæsthesia progresses.

"4. Give chloroform on a thin towel folded in conical form with open apex, so that the vapor, before inhalation, will be freely diluted with atmospheric air. In holding this cone over the face of the patient at some little distance from the nose, place the fingers under the borders of the cone for the double purpose of allowing air to enter freely and, also, to prevent the chloroform liquid on the towel from coming in contact with the skin of the patient's face, and thereby avoid its blistering effects.

"5. Should loud snoring occur, force up the chin. This manipulation, by straightening the air passages from the nose to the larynx, makes easy breathing. The forcible elevation of the chin is far better in every respect than pulling out the tongue. It is easier of application, more quickly done, requires no instruments, and is much more efficient in removing the impediment to respiration.

"By always following these five simple rules, I have had, so far, both safety and comfort in the administration of chloroform.

"Possibly, one very strong reason why I have been so successful in the administration of chloroform is that, as a specialist in eye surgery, the inhaler must be removed from the nose before I commence the surgical manipulations. Besides, while operating, I have constantly in view both the color of the face and the respiration of the patient, which I consider even more important for the surgeon to observe than to feel the pulse. When surgeons are operating on distant parts of the body and cannot watch the work of the administrator of chloroform, accidents are most apt to happen.

"In the inhalation of the bromide of ethyl, all of these rules laid down for the establishing of chloroform are not necessary, and some of them cannot be followed out.

"The recumbent posture I consider essential for the safe administration of any anæsthetic, whether it be chloroform, ether or ethyl; hence, these agents are not safe remedies at the hands of dentists,

who place their patients in a sitting posture. Preparatory to the inhalation of the bromide of ethyl, I have not found it necessary to give whiskey. The only precaution I take is to loose the neck clothing and have the patient lie down with the head only slightly elevated."

HIS METHOD OF ADMINISTERING THE BROMIDE OF ETHYL.

"My experiments have taught me that the mode of administering the ethyl should differ totally from that used in giving chloroform.

"Instead of a chloroform vapor freely diluted with atmospheric air, a saturated ethyl vapor must be inhaled, to the exclusion of atmospheric air, in order to obtain speedily and effectually narcosis.

"In my early experiments with this new agent I had not yet discovered this fundamental principle, and hence did not obtain good results. I voted bromide of ethyl a failure, because in common with other experimenters, I was too timid, or, rather, I should say, too ignorant of its peculiarities, to push the ethyl vapor in the concentrated form, which I have since found necessary to obtain good results. By my present method of administering it, I can obtain perfect ethylization in patients in from twenty to sixty seconds, and have no after consequences of nausea or dullness of feeling.

The best inhaler for the giving of the bromide of ethyl is a thick towel folded into the form of a small cone with closed apex. Between one of the folds of the towel I place a sheet of paper, which makes the cone nearly air tight. The base of the cone must be wide enough to enclose both mouth and nose. The soft material of which the inhaler is made enables the rim to be kept firmly in contact with the face, so as to exclude air from entering. I always instruct the patient how to make long inspirations, and inform him that he must do this, notwithstanding the fact that he will feel somewhat stifled. I also try to give him confidence by assuring him that a very few inspirations will put him to sleep. Usually I make him go through the process of strong respiratory movements in advance, so that he will know exactly how to proceed. Into this towel cone I pour about one drachm of the bromide of ethyl and immediately invert the inhaler over the nose and mouth of the patient, holding its edge down firmly over the face. There is no fear of creating asphyxia, as all air cannot be excluded, and the height of the cone makes a considerable air chamber into which the patient breathes.

Children usually struggle to escape from the apparatus. The cone, however, must not be removed from the face for an instant until anæsthesia is produced. At first some patients will resist the breathing of the vapor, but there is no fear that they will not catch their breath in time. Should children cry, it only insures inspiratory efforts, which the more surely and quickly will bring about the introduction of the vapor into the lungs. As a rule, a dozen full inspirations are all that are needed to produce deep narcosis. I recognize this desirable condition by a stoppage of all

struggling. I have had deep sleep brought on by the sixth inspiration, when complete relaxation ensues, with quiet breathing, and an absence of reflex irritation should the conjunctiva be touched. The patient retains the usual healthy color of lips and cheeks, as if in ordinary sleep, and the pulse becomes slower and stronger as the narcosis becomes profound. Thirty seconds, as a rule, is sufficient to bring about this desirable condition, and have the patient ready for operation.

I have not found this anæsthetic sleep last more than two or three minutes, often not so long.

Usually the patients awake suddenly, and as completely as they would do from ordinary sleep. They are able to get down from the operating table without assistance and walk off without staggering, and with brain clear to answer correctly any question: in fact, quite themselves.

It took me some time to acquire such confidence in the safety of the remedy as to apply it in the concentrated form needful to obtain its fullest benefits. To the uninitiated it looks like cruel work to keep the cone of a saturated ethylized vapor over the face of a struggling patient. I am convinced, however, that in no other way can quick, complete and safe anæsthesia be obtained by it. Fortunately the struggling is very soon over, and quiet sleep speedily ensues.

My experience with the bromide of ethyl will now exceed four hundred cases, of which upward of three hundred are within the past year. I am beginning to be familiar with its administration and its effects. I now know what is to be obtained by it, and what not to expect from. I give it without hesitation, in any case, to avoid painful manipulation. I have used it as often as six times a day, and I administer it, on an average, certainly once every day. In the last week I have given it fifteen times. For office use I find it invaluable, on account of its promptness, efficiency, evanescent nature of the anæsthesia induced, the absence of nausea, and the perfect comfort with which patients operated upon can leave my office within a few minutes after the ethylization. Its use in my every day experience does not interfere with the routine of office practice, nor occupy more time than I give to an ordinary office consultation, a very important desideratum to those who have restless patients awaiting their turn in the reception room.

Those who will use it by a single inhalation to produce a short, deep sleep, and not resort to a mal-administration of this very valuable, powerful agent for a continued anæsthesia, which it is incapable of sustaining in safety and in comfort, will become as enthusiastic as I am over its brilliant results. They will, in time, learn to consider it, as I do, the most perfect of anæsthetic agents for quick, painful surgical work. It can never take the place of chloroform or sulphuric ether where any heavy operations are to be done. These well-known and tried anæsthetics must continue in favor for all tedious operations, and will be used in minor surgery by those who manipulate slowly and who do not have prompt, quick assistants. But when one can take advantage of a

primary anæsthesia from the first administration of the bromide of ethyl, and, having made every preparation in advance, will manipulate quickly, the new anæsthetic leaves nothing to be desired.

I will repeat, "can anything be more brilliant in surgery than a successful operation for squint, where an ugly deformity of years standing is promptly, thoroughly, safely and surely removed in less than one minute of time—fifty-two seconds for ethylization and operation?" This is the nearest approach to magic in the art of surgery.

The Acceleration of Delivery in Puerperal Convulsions.—

The Medical Times and Gazette says that a recent number of the Archiv für Gynaekologie contains an article entitled "A Contribution to our Knowledge of Eclampsia," by Dr. Fr. Schauta, assistant in the clinic of Professor Spath, of Vienna. The paper gives statistics based upon the large number of 134,345 labors, among which 344 cases of convulsions occurred. Figures are furnished bearing upon many points in the natural history of this disease, which are of much value, and deserve the attention of specialists. We purpose only, however, here to call the attention of our readers to the important practical point which is indicated in the title of these remarks.

Convulsions coming on during pregnancy quite as often, according to Dr. Schauta, persist during labor, as cease before that process begins. Out of 42 such cases, in 22 the fits continued to occur during labor, while in 20 they abated before its commencement.

The commonly received opinion that convulsions first attacking the patient during labor, commonly cease when delivery is complete, Dr. Schauta finds to a great extent negatived by the facts he has collected. Out of 185 cases in which convulsions came on during labor, in only 62 were they limited to this period, while in 123 they continued after the patient had been delivered, *i. e.*, in 66.5 per cent. In 38 of these the frequency of the attacks postpartum was diminished, but 50 was increased; in the others there was no particular difference. Dr. Schauta quotes Brummerstadt, who had before him brought out the same fact. Out of 63 cases collected by the latter author, in only 18 did the attacks cease after delivery, in 17 they became less severe, and remained apparently uninfluenced in 28. The figures, therefore, both of Schauta and Brummerstadt seem to show that delivery does not, as a rule, exert a favorable influence upon puerperal convulsions.

The practical point, says Dr. Schauta, which springs out of these figures seems to be this—that in labor complicated with convulsions, the accoucheur should not allow himself to be persuaded into operative delivery unless the clearest indications exist, and the necessary conditions are present; and that *accouchement force*, now on other grounds rightly abandoned, should, looking at the prognosis or puerperal eclampsia, be unconditionally condemned. Our author proceeds to test this practical conclusion by analyzing the cases according to whether or not labor was artificially completed. Out of the 42 cases of convulsions occurring during pregnancy, 20 were delivered spontaneously, 21 by the help of the accoucheur

(one passed from observation undelivered). Of the former, 2 died, or 10 per cent.; of the latter, 19, or 90.4 per cent. This nineteen, however, includes 5 who were delivered by Cæsarian section after the death of the mother; the subtraction of these reduces the mortality to 87.5 per cent. Of course it will be obvious that the cases in which interference to effect delivery was resorted to, were probably the worst cases, and the enormous difference in the result between those left to nature and those artificially delivered, is probably for the most part to be accounted for in this way. But admitting this, it is also evident that the acceleration of labor did not do very much for the patients. The result shown by cases of convulsions coming on during labor is much the same. Out of 185 cases, 53 were delivered by the natural efforts, and of these 14 died, or 26.4 per cent.; while of 132 who were delivered by obstetric aid, 54 died, or 40.9 per cent. With reference to these results, we again quote Dr. Schauta's remarks verbatim. He says: "In consequence of what has been said, the charge may readily be imputed to me of wishing to totally condemn all operative interference in puerperal eclampsia. I do not permit myself to draw so sweeping a conclusion from my statistics; but with reference to the sanguine expectations at present in the ascendent as to the effect of delivery in eclampsia, I may point to them as showing how little these hopes are fulfilled by the facts." There are two good reasons our author points out, for hastening delivery—if we can do it without harm. The first is, that by emptying the uterus, the intra-abdominal pressure, which in the large majority of cases is a main cause of the kidney-changes which produce eclampsia, is reduced, and therefore the earlier delivery takes place the *restitutio ad normam* may be expected to begin. The second is, that the sooner delivery is effected, the better chance the child has of survival. The risk to the child, as well as the mother, Dr. Schuta shows, is in proportion to the number of fits. The prognosis for the child is, as perhaps might be expected, worse when the fits come on before, than when they commence during labor. The infantile mortality among the cases of the former class which Dr. Schauta tabulates was 41.8 per cent.; among those of the latter 50.5 per cent.

In considering, in the light of these figures, whether in eclampsia delivery ought to be hastened, the question naturally occurs, whether the bad results enumerated may not have been the result of an aggravation of the nervous condition by the operation necessary to effect delivery, *i. e.*, whether operative delivery *per se* has any influence in producing convulsions. Dr. Schauta has, with this point in mind, analyzed the cases in which eclampsia appeared after labor. He finds that 74 of these had been naturally delivered, of whom 19 died, or 25.6 per cent.; 8 had been delivered by operative aid, of whom 2 died, or 25 per cent.—a proportion nearly the same.

These figures seem to us of considerable practical moment. It would be going too far to regard the high mortality among those who were delivered by art as due solely to the mere fact of interference. It seems to us largely explained by the consideration that the cases in which this treatment was resorted to were probably

the worst, and it also has been sometimes the case that the state of the patient led the medical attendant to hurry delivery more than he would have done had death seemed less imminent, and in doing so to inflict damage which might have been avoided had less haste been used. If pregnancy has anything to do with the causation of the disease in question—and that it has, we think, there cannot be a doubt—we might expect that the removal of so powerful a cause would favor recovery. But Dr. Schauta's cases show this—that there is no such immediate advantage as to justify us in running any risk of other dangers for the sake of speedily ending the pregnancy. If labor has begun, or if it has been induced, it is best left to its course with the minimum of interference. It seems to us still an open question whether labor may not be induced with advantage, provided the process be conducted in a manner as closely as possible approximating to that of nature; but whether induced or at the natural term, such interference as would be called for if there were no convulsions is alone that which is required. Everything further is submitting the patient to unnecessary risk, without any compensating advantage.—*Quarterly Compendium of Medical Science.*

Hemorrhagic Malarial Fever.—In a well marked case of this affection, reported in Southern Practitioner, by Dr. Joiner, of Andersonville, Ga., the following was the treatment reported:

He was afraid of mercury; had lost confidence in quinine, dis-trusted turpentine, dispensed with blisters, and condemned opi-ates. Something must be done—and quickly. But, what? We feel sure that the kidneys are in trouble, but what is the nature of that trouble? Are they sick, intoxicated, asleep, or are they hero-ically endeavoring to respond to an unreasonable and impossible call upon them? We do not know.

In this trying dilemma we decided to appeal to the skin for help without delay, and to be governed by the circumstances as to treat-ment hereafter. We directed the patient to swallow as much hot water as he could, only a few ounces at first, repeated frequently in larger quantities, which course soon brought about freer and much easier discharges from the stomach, with a marked tempora-ry quieting of nausea. At the same time, we directed bottles of hot water placed around about him. This was done and we anx-iously watched for results.

In less than an hour our patient was bathed in a profuse perspi-ration; pulse 110; respiration 24; stomach comparatively quiet, and feeling every way decidedly more comfortable. For the first time we began to feel hopeful. The skin had nobly answered to the call made, and was casting off large quantities of liquid, heavily loaded with bilious matter, taking from the blood injurious and effete substances, giving the liver and kidneys that assistance so very necessary at this particular juncture. We could but feel anx-iously hopeful.

Anticipating a chill in the afternoon, we ordered quinine 40 grains, divided into four powders, and to be given every two hours. We now placed on tongue one grain hydrag chlor. mite.,

and retired, At 5 P. M., on our return, found patient doing well. Pulse 100, respiration 24, nausea still less distressing, though less troublesome. No discharge of urine since morning. Ordered quinine continued in three-grain doses every three hours. Directed:

R Chlor. potass.....3i

Aquæ.....F 3ij

M. Et. ft. sol.

Sig. Tablespoonful every three hours.

Ordered turpentine stupes to back, immediately over kidneys, and mush poultices thoroughly saturated with turpentine to stomach.

We left our patient still bathed in profuse perspiration and comparatively quiet.

At 9 P. M. we found our patient about as we had left him, save that he was suffering somewhat more from nausea. We now administered hypodermically one-fourth grain sulphate morphia. Continued treatment.

At 8 A. M. next day called, and learned that he had passed a fair night, having only suffered occasionally from nausea, and that he had slept at least one-half the time. Pulse now 100, respiration 24. No change in appearance of skin, save that it had assumed, perhaps, a deeper yellow color. Continued turpentine stupes to back, and poultices to stomach. Discontinued "potash," and ordered:

R Phos. acid.....3i

Mur. tinc. iron.....

Spts. lemon, aa.....3ij

Simp. syrup.....3vi

M. Et. ft. sol.

Sig. Dessert spoonful every three hours.

At 3 P. M. found patient suffering greatly from nausea; pulse 130; respiration 26; tongue presenting same appearance as in first day of illness. No change in color of skin. Again ordered patient to drink hot water, re-applied bottles of hot water, administered one-fourth gr. sulphate morphia hypodermically, and continued treatment as adopted in forenoon.

At 9 P. M. visited our patient and found him doing well, more quiet, suffering less from nausea, pulse 100, respiration 24, tongue moist and not so red at edges and tip. Had passed about ten ounces urine, color not so wine-like, but otherwise unchanged, evidently better. Again administered morphia hypodermically and retired.

A 8 A. M. next day patient decidedly improved. Had gone through the night without distress—with but little or no nausea. He slept well, pulse 80, respiration normal, and still sweating profusely. Ordered an occasional brandy toddy, three-grain doses quinine every four hours, with iron and acid as before.

At 3 P. M. doing well. Skin a shade lighter. Urine somewhat clearer and brighter.

At 9 P. M. no perceptible change. Ordered treatment continued, and to insure a pleasant night's rest, administered one-fourth grain sulph. morphia hypodermically.

At 12 M. next day patient decidedly better. No nausea, skin and urine clearing up. No thirst, and expresses hope of speedy recovery. The only complaint now is from weakness.

We now strip him of his wet linen, change his bedding, order chicken broth, and an occasional milk punch, and advise perfect quiet for a few hours.

At 10 P. M. doing nicely, perspiring moderately, skin and urine steadily clearing up. Pulse and respiration normal, tongue almost entirely relieved of coat, pale, moist and soft. Ordered three-grain doses quinine every four hours, with chicken broth and milk punch *ad lib.*

Again visited him at 9 A. M. next day. After a quiet and peaceful night, he feels much improved and refreshed. Skin and urine rapidly clearing up. Continued quinine. Directed chicken broth and milk punch *ad lib.*

At 10 A. M. next day our patient considered out of danger, skin and urine entirely cleared up. Some appetite, gaining strength rapidly. Up to this time our patient had no action from bowels. We order now:

R. Ol. ricini. ʒss
Tr. opii. m. vi

To be repeated if necessary in six hours. Directed quinine in three grain doses every six hours. Continued broth and milk punch.

Visited him again at 9 P. M., he has just had a few bilious discharges from bowels—watery and quite offensive. Pulse considerably accelerated and slight nausea. We regret having directed oil, and order:

R Tr. catechu. f ʒi
Tr. opii. m. xv
Spts. lemon. m. x
Simple syrup. f ʒss

M. Sig. At once.

Returned at 8 A. M. next day. This morning we find patient comfortable. Free from nausea, generally better, cheerful, and with a ravenous appetite. Directed quinine continued for several days, advising extreme caution as to diet, and dismissed the case.

I desire to state here that we placed upon the tongue of our patient 1 grain hydrag. chlor. mite. every morning till this time. and that he is just now slightly ptyalized.

I cannot close this communication without calling the attention of my professional brethren to the marked character of the discharges through the skin, and to its unmistakably urinous odor.

The Opium Habit, its Successful Treatment by the Avena Sativa (?)—The remedy to which Dr. Sell ascribes such remarkable properties (New York Med. Gaz. April 22) is a tincture of common oats. He begins by telling us that it is a very im-

portant grain, and then gives us a long history of its cultivation and uses from the time of Pliny to the present day. He discourses, too, at some length on the value of water-gruel and oatmeal tea. He next tells us that in 1874 Dr. Keith "had a concentrated tincture of the avena prepared for paralysis, from the effects of which he himself suffered three years and a half, and in three weeks, having taken the avena in fifteen drop doses three or four times a day, he was not only free from paralysis, but relieved from many serious symptoms, both mental and physical"(!) The author commenced his own observations with the concentrated tincture before hearing of Dr. Keith's case. He is convinced that it is "a most useful and reliable remedy." He finds that it is "diuretic, slightly laxative, tonic, stimulant, but especially nerve-stimulant." It is said to "exert a most powerful influence upon and through the nervous system." It is "a valuable adjuvant of other medicines," is unsurpassed in "female diseases," is "an excellent substitute for intoxicating drinks," "will cure inebriety," is "an antidote to opium-poisoning"(!) It gives relief in insomnia, and is curative in nervous headache and prostration due to mental strain and worry, and in neuralgia and hemiplegia. "Epilepsy has been brought under subjection by it more effectively than by other remedies," and it is unequalled in the treatment of "hysteria, melancholia, neurasthenia, and all forms of nervous prostration, when caused by inebriety, the abuse of tobacco, opium, or morphine, by sexual excesses; masturbation, or mental strain." But this is not all, for the author has made what he describes as "a no small discovery in therapeutics." He finds that this remedy as an absolute cure for the opium or morphia habit. He gives details of three cases of morphia-taking, all of which were promptly cured by this remedy. The first patient, a German, of middle age, usually took hypodermically in the twenty-four hours from 12 to 48 or 50 grains of morphia, which had no other effect than to produce fifteen minutes sleep with the eyes wide open. The next patient, a middle aged lady, had been a slave of the morphia habit for seven years, and usually took 12 grains a day. In the third case morphia had been taken to excess for twenty years, the average being an ounce in fifteen days, or 32 grains a day. The avena in all cases works wonders. The patients are not only able to relinquish the habit, but improve in weight, strength, spirits, and mental capacity. One lady not only gained twenty-five pounds in weight in an incredibly short time, but said she felt twenty years younger. It is stated in the most positive terms that the preparation is nothing but a tincture of common oats. The dose is to be increased till it produces "the desired effect," and is to be given in hot water, "with the same frequency that the patient was accustomed to take his opium or morphia." The author displays great originality, and his powers of imagination are remarkable.—William Murrell, M. D., in *The London Medical Record*, 1882.—*American Medical Weekly*.

Physiological and Therapeutical Effects of Quassine.—

Dr. Campardon, having for many years employed quassia amara in its different preparations, concluded that it had properties which

ne had not seen accorded to it by others. He then made a series of experiments with amorphous quassine, and afterwards with crystalized quassin (Duquesnel), and determined that they had the same effects, and that they represent the physiological and therapeutic effects and are active principles of the drug, only in different degrees, the crystalized being ten times stronger than the amorphous. Without analyzing his experiments, we give the conclusions (Bull. Gen. de Therapeut) which he arrived at from numerous observations :

1. That amorphous quassine and crystalized quassine, active principles extracted from quassia amara (Surinam) and from quassia simaruba which are very evident and very constant;—viz:

2. In moderate doses this principle brings into activity and augments the secretion of the salivary glands, of the liver, of the kidneys, and perhaps of the mammary glands.

3. It excites the muscular fibres of the digestive tube, of the uropoietic apparatus, of the biliary ducts, augments the mucous secretion, and facilitates the exertion of the normal secretions.

4. In the sick, as a pure bitter tonic, this substance awakens appetite, builds up the forces, and, in consequence of its action upon the muscular fibres of vegetable life, facilitates exertion, renders defecation easier, and aids the expulsion of renal or hepatic calculi.

5. Quassine, as well as the wood of quassia amara and quassia simaruba, causes death in inferior animals, even in comparatively small doses.

6. In healthy individuals, as in the sick, it produces, in certain doses, a series of tonic effects, which recall the action of convulsive poisons.

7. Amorphous and crystalized quassine, above fifteen centigrammes (two and a half grains) for the first, and fifteen milligrammes (one-fourth grain) for the second dose, determine the following symptoms, which are only increased by elevating the dose: burning in the œsophagus, annular burning in the larynx, increasing constriction of the throat, frontal headache, especially to the right side, weight and pain in the region of the stomach, nausea, vertigo, troubles of sight, extreme agitation, febrile irritability, impossibility of continued thought, restlessness, frequent micturition, but which subsequently diminishes little by little, diarrhœic discharges, and vomiting. This is followed by spasmodic contractions of the muscles of organic and animal life, and cramps, due to tonic contractures of the muscles of the leg and thigh.

In order to combat the toxic effects of quassine, chloral internally, and chloform externally for the spasmodic contractures, have given the best and most prompt results.—*Medical Times*.

Aunt Betsy Simpson's Case—What's the Diagnosis?—

"My mis'ry, doctor, wuks right up from bofe my legs, an' up frough my stummick, an' den crost my bow'ls, all a shaky an' a wigwaggy! Den my right shoulder, doctor. *Law sakes!!!* Dat yer mis'ry in my right shoulder pow'ful bad sometimes. Den I has shootin' pains all up an' down de spine uv my back, dreafful! an' lumps in my flanks, an' a burnin' all over my right side, an' a

roarin'! yes, honey, a awful roarin' in my head, an' de bones all loose in my head. Den I has pains in bofe shoulders, an' my insides dey workin' jes' like maggots!! an' I has a draggin' in my stummick, an' my sistum very bad. Ef you b'lieve me, doctor, dar's a patch of mis'ry in de small o' my back, an' when I stan' up 'pears like my insides dey stickin' to my spine! an' a wall'win' in my haid, an' I done got no appetite ter eat, an' 'pears like every minit I gwine frow up my insides. I cain't drink no fresh water; drinks all my water *biled*! In de night you can hear my head a roarin' an' a buzzin', an' den my bowels gits to wukin' an' you can hear 'em a crackin' an' a blabbin'! an' dey all a shakin' an' a trimblin'. Den I has a hotness in de bone o' my neck; yes, doctor, right in de bone o' my neck, an' at fuss a *pang* riz right up acrost my neck, an' riz an' *bust!!!* I knowed it wa'n't a blood-wessel, else I'd a died *sho*!"—*Ex.*

[Prof. Remans, who was called to see the above case, and who is regarded as the best diagnostician in America, in a note to the editor of one of our journals, says: "To my mind the case is a plain one; the left utero abdominal digitalis is occluded by a regurgitation of the right illio ceecal valve; this, of course inhibits all peristaltic motion, closes the sphincter ani, makes a diverticulum of the duodenum, paralyzes the levator labii superioris and produces universal hyperesthesia throughout the entire animal economy."

A New Point in the Diagnosis of Femoral Luxations.—

Dr. Treub, in reporting a case of obturator dislocation of the femur (Centrallblatt fur Chirurgie, No. 45), calls attention to the value of rectal exploration in order to ascertain the position taken by the head of the bone. In children the foramen ovale as well as the sciatic foramen is very easily examined by the forefinger when inserted into the rectum, and if the head of the femur is in either situation it may be easily felt. In adults it is available especially for the foramen ovale, by the aid of an anæsthetic and with the hand in the bowl the sciatic foramen may also be explored. The author therefore recommends either for a diagnostic or merely for a demonstrative purpose, in more or less obscure cases of obturator or sciatic luxation, that the rectal method of examination be tried.—*Medical Times.*

Celerina.—Prof. Bauer, College Physicians, &c., St. Louis, says: "Surgical practice does not frequently proffer the opportunity of employing nervo-tonic remedies, and therefore I am, perhaps, not competent to fully judge the therapeutic virtues of CELERINA, a compound lately introduced by J. C. Richardson, Esq., of this city. I have, however, used it, and with very satisfactory results, in at least twenty appropriate cases, and feel persuaded that it develops most happy actions, and that it deserves the attention of medical practitioners, more especially of those employed in the treatment of nervous afflictions. I shall certainly continue to test it more fully, and report my observation in due time.

SCIENTIFIC ITEMS.

Burdensome Inventions.—In any estimate of the public value of several recent inventions which have been received with great apparent favor, the important fact must not be lost sight of that these inventions are a burdensome tax upon the people, for which, in a majority of cases, no corresponding benefits are received.

The introduction of the telephone, or its use to a very large extent, is, in a true sense, *compulsory*. It is not introduced into the counting-rooms, stores, and dwellings because it is needed or wanted, but because pride or competition influences the patron. In many instances where it has been introduced into dwellings, pride and curiosity combined have led to the act—not any pressing want or necessity. It is learned by Mr. A. that his neighbor Mr. B., a wealthy man, perhaps, has had the “wires” brought to his house, and all the family are shouting to butchers and grocers through the little round hole in the polished box on the wall. Mr. A. and his good wife decide that they must have all the “facilities” for instantaneous communication that Mr. B. has, although their pecuniary resources are barely sufficient for the absolute needs of the family, and so the telephone man is sent for, and forthwith the A. family are shouting through the hole in the box as loudly and frequently as the B. family. This “great convenience” adds fifty dollars a year to the household expenses, a sum which cannot well be afforded.—*Journal of Chemistry*.

Progress of Electrical Lighting.—There is at the present time great activity among the rival electric lighting companies to bring to notice their various devices. To ordinary observation it would appear that the new method of lighting had passed the stage of experiment, and becomes firmly established as the successful rival of gas. This is not true, however, and it is a matter of doubt if it ever becomes true. A vast number of formidable difficulties have been overcome which stood in the way of practical success, but there remains others which are of no mean importance. The time is near when decisive action will be taken to prevent the placing of conducting wires above ground, and it appears at present as if the difficulties in the way of the success of buried wires were insurmountable. The enormous expense of the undertaking and the difficulties of insulation are among the obstacles of the greatest moment. Mr. Edison, in New York, has met with only partial success, and at the present time appears to be inactive. The cost of putting down his street conductors was excessive, and the true cost will probably not be known outside of interested parties.—*Journal of Chemistry*.

The Signal Service office estimates that ships containing at least \$13,000,000 of property, besides many lives, were saved from running into the disastrous cyclone in October by the warning it gave. The money thus saved in this one storm would pay the expense of the Service for ten years.—*Mechanical News*.

Electricity in the Parlor, in the Kitchen, and Everywhere.—A writer in "The Electrician," a monthly journal published in New York, says: 1. "Shall we ever have the electric light in our houses? 2. Shall we have to produce the electric current ourselves? 3. Will it be cheaper than gas or even as cheap? All these questions he answers affirmatively. He says: "There is not the slightest doubt in my mind that we shall have the light in our houses; and on the other hand it will not be necessary that the consumer should supply himself with the electric current any more than at the present time he is obliged to supply himself with gas. It would, however, be just as possible for him to do so." The third question, he says, requires much consideration, but he has no doubt that electric lighting will ultimately be cheaper than gas.—*Scientific Exchange*.

The Boston Journal of Chemistry thinks that the headaches that many thousands wake up with every morning are brought about by kerosene lamps "turned down low." A small flame in a lamp chimney does not cause enough draft to insure complete combustion, and slumberers breathe carbon and carbonic acid gas as literally as if they stood over the chimney of a petroleum refinery. A little light may be supplied in a bed-chamber, if any is required, by a specially prepared taper, by a candle, or by a wick floated in animal or vegetable oil; but the "turned-down" kerosene lamp cannot be used except to one's disadvantage.—*Ex*.

Signaling by Electricity.—A method of signaling by means of electric balloons was tried recently in Paris by MM. Mangin and Baudet. The balloon made of paper rendered translucent was about eight feet in diameter and was filled with pure hydrogen. A Swan lamp was fitted inside and a light rope, carrying two copper wires, was attached. When the circuit was completed the whole balloon appeared to be a globe of fire. By switching the current off and on, the Morse code can be spelled out, and thus electric balloons of this kind can be used for signaling purposes.—*The Electrician*.

A New branch of industry has sprung up in Sweden lately—the fabrication of paper from moss—not from the living plant, but from the bleached and blanché remains of mosses that lived centuries ago, and of which enormous masses have accumulated in most parts of Sweden. A manufactory of paper from this material has begun operations near Joenkaeping, and is turning out paper in all degrees of excellence, from tissue to sheets three-quarters of an inch in thickness. These latter are harder than wood.—*Ibid*.

To Make Paper which shall be luminous in the dark, it is sufficient to mingle with the pulp the following ingredients in their proportions: Water, 10 parts; pulp, 40 parts; phosphorescent powder, 10 parts; gelatine, 1 part; bichromate of potash, 1 part. The paper will also be waterproof.—*Ex*.

PRACTICAL NOTES AND FORMULÆ.

New Treatment for Vaginitis.—M. Terrillon proposes a method of treatment which consists essentially in the introduction into the vagina of the following ointment:

R	Ac. tannic.....	50 grms,
	Amyli.....	150 grms,
	Ung. petrolei.....	150 grms.

M. This ointment is placed in a sort of speculum, so arranged that the ointment can be forced out as the instrument is withdrawn from the vagina. If the vulva opening is large a small tampon of cotton may be introduced. Generally from fifteen to twenty grams of the unguent is sufficient at one application, and it need not be repeated for seven or eight days.—*Ex.*

A Valuable Mixture for Chills.—A subscriber sends us the following as a valuable mixture for chills, and desires to give it a more extended notice, he being able to heartily recommend it:

R	Quinine sulph.....	} grs. xxx,
	Cinchonidia sulph.....	
	Acid sulph.....	m x,
	Liq. potass. arsen.....	f. 3 j,
	Ext. nucis. vom. fld.....	m x,
	Aquæ q. s. ad.....	f. 3 iv.

M. Tablespoonful every four hours, when the fever is off.—*Pharmacist and Chemist.*

Bromides and Choral in Whooping Cough.—M. Dujardin recommends the combination of the bromides and chloral as being very useful in whooping cough. He gives one dessertspoonful of the mixture in a glass of milk, to which the yolk of an egg has been added, evening and morning:

R	Potassii bromidi.....	3 ss,
	Sodii bromidi.....	5 j,
	Ammonii bromidi.....	3 ss,
	Ssr. chloral.....	3 ss,
	Aquæ.....	3 ij.

—*Med. Summary.*

To Correct the Odor of the Lochia After Child-Birth—

R	Acid. carbolicæ glacialis.....	3 j,
	Glycerini.....	3 j,
	Aquæ puræ.....	3 viij.

M. Sig. A tablespoonful in eight ounces of warm water twice a day as a vaginal injection.—*Med. Summary.*

Disguising the Taste of Quinine.—J. L. Lilly, in the *Indiana Pharmacist*, says that the following syrup has proved to be very satisfactory in disguising the taste of quinine:

R	Fluid extract yerba santa.....	4 parts,
	Water.....	8 parts,
	Powd. pumice.....	1 part,
	Granulated sugar.....	14 parts.

Mix the fluid extract with the water, evaporate to seven parts, shake with pumice, allow to stand, decant, add sufficient water to preserve the measure, then with heat dissolve the sugar.—*Med. Summary*.

Asthma Mixture—

R	Tinct. lobeliæ.....	℥ v,
	Ammonii iodidi.....	℥ ij,
	Ammonii bromidi.....	℥ iij,
	Syr. tolutani.....	℥ iij.

M. Sig. Teaspoonful every one, two, three or four hours. This gives relief in a few minutes, and sometimes the relief is permanent.—*Fothergill*.

Pruritus Vulvæ.—Dr. Wm. Goodell, the world-famed gynecologist of the university, recommends

R	Carbolic acid.....	℥ j,
	Morphine sulphate.....	gr. x,
	Boracic acid.....	℥ ij,
	Vaseline.....	℥ iij. M.

for pruritus vulvæ; and, also, the patting of the parts with a sponge soaked in boiling-hot water. This is also a most excellent application for that rawness so often found between the thighs of the newly born.—*E. J. Kempf, M.D., in Med. Herald*.

Hair Wash.—The *Medical Bulletin* says the following will be found very efficacious, slightly stimulating and cleansing to the scalp:

R	Potassii iodidi.....	} aa ℥ iss
	Pulv. sodii biboratis.....	
	Aquæ ammoniæ.....	
	Tr. lyttæ ves.	
	Ol. rosmarini.....	℥ ij,
	Ol. myristicæ.....	℥ ij,
	Aq. cologniensis.....	℥ jv,
	Ol. macidis.....	℥ iss,
	Aquæ.....	℥ viij. M.

—*Medical Age*.

Tasteless Quinine.—Dr. Dashiell, in Nashville Medical Journal, says: "In the intermittents of children, I append a formula for a *tasteless* preparation of quinine, which is readily taken by them:

"R Quiniæ sulph. } aa ʒ ij.
 Pulv. acacia. }
 Acid tannic. grs. iij,
 Syr. simplicis. fl. ʒ ij.

"M. Sig. Give half to one teaspoonful every two hours, according to age.

"In the chronic intermittents of adults, we usually follow up the arrest of the paroxysms, by the use of one of the following tonics, as they may prefer, a pill or mixture. Their use should be continuously persisted in, at least, for a month:

"R Quiniæ sulph. ʒ j,
 Sol. arsenit. potass. fl. ʒ j,
 Acid sulph. dilut. } aa fl. ʒ ij.
 Syr. zinziberis. }

"M. Sig. Take teaspoonful three times a day *after* meals. Or the following:

"R Acid arseniose. grs. iv,
 Strychniæ sulph. grs. ij,
 Cinchonidiæ sulph. ʒ iss,
 Ferri. sulph. exsic. ʒ iss,
 Aloe soc. ext. ʒ j.

"M. Ft. Pills No. 90. Sig. Take one pill three times a day after meals."

Treatment of Pertussis.—M. Dujardin-Beaumetz, in his recently published *Leçons de Clinique Thérapeutique*, recommends the bromides with chloral in the treatment of whooping-cough.

He gives, morning and evening, in a glass of milk containing a yolk of one egg, a dessert or tablespoonful (according *to the age of the child) of the following mixture:

R Potass. bromid. ʒ ss,
 Sodii bromid. ʒ j,
 Ammonii bromid. ʒ ss,
 Syrup. chloral. (Fr. cod.) ʒ iss,
 Aquæ ʒ ij.

M.—*Med. and Surg. Rep.*

To Harden the Nipple.—

R Acid tannic. ʒ iv,
 Glycerine. ʒ i,
 Aqua ad. ʒ ij.

This strong solution of tannin acts differently from the weaker combinations of tannin and glycerine, as it actually tans the nipple, making it tough, resolvent and incapable of inflammation.



EDITORIALS AND MISCELLANEOUS.

EDITORIAL NOTICES.

THE INDEX for the volume of 1883 was bound with our January No., but can be removed without mutilating the reading matter of that issue.

THE NEW YORK MEDICAL JOURNAL AND OBSTETRIC REVIEW, so long and favorably known as a monthly, is now being issued as a weekly journal. We regard it as among the very best in our large list of exchanges.

DR. J. THAD. JOHNSON, Professor of Surgery in the Southern Medical College, has, we regret to state, been extremely ill for some weeks past, and serious fears are entertained as to his recovery. His Chair in the College has been filled by Prof. Geo. G. Crawford.

A. A. MELLIER.—See advertisement of this splendid establishment of St. Louis, Missouri, in this Journal. The Medical student and the practitioner should examine the Elliot saddle-bag, sold by this house. It is the best in the market.

CREDIT TO WHOM CREDIT IS DUE.—In our January number a clinical report from the "Service of F. L. T. Weir, M.D., Clinical Professor of Dermatology, should have been credited to The Medical and Surgical Reporter, Philadelphia.

BEAUTIFUL SAMPLES.—We are in receipt of samples of sugar coated pills of quinine, etc., from the House of Wm. R. Warner & Co., Philadelphia. We have tested Warner's preparations and believe them to contain pure and select drugs, full measure, and to be carefully prepared. We feel safe in recommending them to the profession.

THE COMMENCEMENT EXERCISES of The Southern Medical College are appointed for the evening of Tuesday, February 27, 1883, at the Opera House in Atlanta. The degrees will be conferred by Prof. Powell, President of the Board of Trustees. The annual address will be delivered by Rev. Mr. McDowell, of Atlanta. The valedictorian of the class is Mr. A. S. Dyer, of Georgia.

MEDICAL ASSOCIATION OF GEORGIA.—The Medical Association of Georgia will meet the present year on the third Wednesday of April, at Athens, Georgia.

It is anticipated that there will be a large attendance, and that many matters of interest and importance will come up for consideration. Athens is a pleasant place, and renowned for the refinement, intelligence and hospitality of her citizens, and as this is the first time the Association has been appointed for that place we doubt not that the members will be warmly welcomed both by the citizens and the profession.

PARKE, DAVIS & Co.—See the new advertisement of this great drug house on 4th cover page. The variety, beauty and extent of their preparations are unsurpassed, and what is better, their preparations have an established reputation for purity and efficiency.

This house has done more in the introduction of new therapeutic agents than, perhaps, all others combined, and the result of their labors in this department have added largely to the armamentarium of the practitioner.

McKESSON & ROBBINS.—See the advertisement of this staunch and reliable house in this Journal. Their preparations are most excellent, and they have an established and wide-spread reputation throughout the entire country. Their Pills and Granules; their Saccharated Pepsin, Cod-Liver Oil, etc., are neatly and elegantly prepared, from pure drugs, and most admirable and convenient for the practitioner.

SHARPE & DOHME.—These reliable and enterprising manufacturing chemists of Baltimore have established a widespread and deserved popularity throughout the country. Their preparations of every kind are excellent, and are prepared with great care, neatness and precision.

SHARPE & DOHME'S POCKET DRUG CASE is among the very best in the market, as we have been kindly furnished with a sample containing twenty-four one-drachm vials, all filled with granules and sugar-coated pills most beautiful to look upon, and so well assorted and graded in the dose as to charm the eyes and delight the heart of the practitioner.

See advertisement of this house on second page of our Journal.

UNITED STATES DISPENSATORY.

The last, or eighteenth edition of the United States Dispensatory is reported ready. It has been undergoing revision during the last three years, and is said to embrace all the late discoveries in Pharmacy, Materia Medica and Therapeutics. It will be warmly welcomed by the Profession.

THE NEW YORK CODE OF ETHICS.

Certain of the county medical societies in New York State have taken action against the new code, while others sanction.

The Society of the County of Kings (Brooklyn) having once instructed their delegates to the State Society to vote against the new code, have rescinded that action and instructed their delegates to vote for the new code.

MARRIAGE OF PROFESSOR POWELL.

Professor Thos. S. Powell, our Senior Editor, having long been a widower, and having found, according to Scripture, that "It is not good for man to be alone," has at length taken to himself a charming lady of the Old Dominion. The Doctor is known to be a great lover and defender of woman, and next to woman in his heart's affections is his native State, Old Virginia. True to himself and to his characteristics, he turns, in the time of his desolation, to his native State, and in the

little city of Salem, noted for its charming women, its cultured and refined society, its beauty of situation and its magnificent mountain views, he selects—in the exercise of his superior knowledge of “What Constitutes a true Woman”—Mrs. Jennie Miller, a beautiful, intelligent and charming widow, and on the 27th December they were united in the holy bonds of matrimony; and thus a star from the Old Dominion is added to the constellations of Georgia.

MEDICAL ASSOCIATION OF MISSOURI.

Transactions of the Medical Association of the State of Missouri, at its 28th Annual session held at Hannibal, May 16, 1882. A neatly gotten up volume of 220 pages.

The papers read were able and interesting. The address of Dr. W. P. King, the president, on the subject of Quacks and Quackery, is of special interest, and must have furnished a rare treat to the members of the Association. It shows up Missouri in rather a bad light in the great number of Quacks with whom she is infested. There are other papers of interest, on the following subjects:

Phlegmasia Alba Dolens—*Schenck*. Railroad Surgery—*Trader*. Hot Water Injections in Uterine Disease—*Schenck*. Diseases of Children—*Kingsley*. Cystic Degeneration of the Thyroid Gland—*McAlester*. Pott's Disease in the Upper Spine—*Steele*. Congenital Cysts of the Thyroid Gland—*Lutz*. Neurasthenia—*Hughes*. Hydrophobia—*Mathews*. Idiopathic Sub-Acute Laryngitis—*Glasgow*. Mortality among Puerperal Women—*Hurt*. Vaccination and Inoculation—*Brooks*. Quinine: Its Use and Abuse—*Dewey*. Placenta Previa—*Warth*. Meningocele—*Warth*. Local Medical Organizations for Missouri—*Norris*. State Medicine and Medical Legislation—*Special Committee*.

OFFICERS ELECT FOR 1882-'83.

President—A. E. GORE, Paris.

Vice-Presidents—Pinckney French, Mexico; R. F. Brooks, Carthage; P. S. Fulkerson, Lexington; O. D. Fitzgerald, Lathrop; F. J. Lutz, St. Louis.

Recording Secretaries—C. A. Todd, St. Louis; J. H. Duncan, Columbia. Corresponding Secretary—Wm. Dickinson, St. Louis.

Treasurer—C. A. Thompson, Jefferson City.

The next Annual meeting will be held at Jefferson City, Cole County, Missouri, Tuesday, Wednesday and Thursday, May 15, 16 and 17, 1883.

BOOK NOTICES.

RHEUMATISM, GOUT AND SOME ALLIED DISORDERS, by Morris Longstreet, M. D., one of the Attending Physicians of the Pennsylvania Hospital; Lecturer on Pathological Anatomy at the Jefferson Medical College, Philadelphia, Pa. New York: Wm. Wood & Co., oc. 280 pages.

A very interesting and instructive work treating exhaustively the subjects of gout and rheumatism, their history, causes, pathology, course and symptoms, condition of skin, the urine, nervous complications, diagnosis and prognoses and treatment. Every practitioner would do well to procure and study this work.

POCKET THERAPEUTICS AND DOSE BOOK.—This is a most useful little work, contains Doses, Weights and Measures, Abbreviations, Writing Prescriptions, Index of Diseases, Poison Antidotes, Incompatibles, and everything of the kind needed by the practitioner. Two hundred and forty-eight pages, pocket size; an epitome of nearly everything. Price, \$1.00: G. D. Stewart & Co., Detroit, Michigan.

FOURTH ANNUAL REPORT STATE BOARD OF HEALTH OF ILLINOIS, 1882, contains an abstract of the proceedings for 1881, and various regular and quarterly meetings of the Board, with various interesting papers, in relation to medical colleges, small pox, etc., etc. Gotten up with evident care, neatness and ability. Sent us by Dr. John H. Rauch, Secretary.

PHYSICIANS' CLINICAL RECORD FOR HOSPITAL AND PRIVATE PRACTICE, with Memoranda for Examining Patients, Temperature, Charts, etc. Philadelphia: D. S. Brinton, 1881.

A well arranged blank book wherein to make notes of cases under the heads of date, pulse, respiration, temperature; other symptoms, treatment and remarks.

PAMPHLETS RECEIVED.

THE PHYSIOLOGY OF ALCOHOLICS—An address by Wm. B. Carpenter, M.D., L.L.D., F.R.S., author of Principles of Human Physiology. Mental Physiology, etc., etc. New York: National Temperance Society and Publishing House, 58 Read street.

SCROFULA AND ITS DISEASES—An introduction to the general pathology of Scrofula, with an account of the histology, diagnosis and treatment of its glandular affections, by Fredrick Treves, T. R. C. S., Esq., Assistant Surgeon at the London Hospital, and late Professor of Pathology at the Royal College of Surgeons.

WHAT SHALL WE DO FOR THE DRUNKARD?—A rational view of the use of Brain Stimulants, by Orpheus Everts, M.D., Superintendent of the Cincinnati Sanitarium; late Superintendent of the Indiana Hospital for the Insane, etc. Cincinnati: Robert Clarke & Co., 1883.

SOME AFFECTIONS OF THE ORGANS OF RESPIRATION—In which the syrup of hypophosphites (Fellows') is beneficial. For the Medical profession, part II. London: 1883, Jas. I. Fellows, 49 Vesey street, New York.

SMALL-POX.—The Small-pox excitement has subsided in Atlanta, no new cases having occurred for some days. The efficacy of vaccination is again vindicated, the thorough vaccination instituted by our city authorities during the present year and the last leaving no subject whom the disease can affect.

PREVAILING DISEASES.—The extraordinary changes of temperature alterations, with dampness and rain, have tended to the production of bronchial and throat affections during the last two or three months. Occasional cases of pneumonia with neuralgias and typho-malarial fevers have prevailed in many localities.

RECEIPTED.

TO JANUARY, 1883.—Drs. W E Courson, J T Cleveland, T J Brasher, J W. Plummer, C D Taitman, J B Marshall, J L Hudson, J F Price, J W Ethridge, E Y Fleming, F M Fitzhugh, L B Bouchelle, W R Chambers, L D Johnson, to Jan. '82.

TO JANUARY, 1884.—Drs. C H Jones, R F Mathews, J J Cunningham, to April '83; A J Kolb, C L Griffith, to July, '83; J E Frippe, B F Herrick, T L Turk, P C Tircuit, A H Redding, S J Welsh, L S Brownlee, G W Luster, J B Vandergriff, J T McDowell, J R Johnson, J O Landers, D B Hamilton, T S Parrham, J F Pon, J N Gilmore, to July,—; L H Hill, A Atkinson, J W Hoff, J H Hysel, J R Wilson, Lindsay & Lindsay, C J Burroughs, Louis Hadden. B & Clarke, R R Lyons, Hays Bros.

Dr. J C Terrell, to July '82; Dr. R D Lucius, 1882. Dr. L W Coleman, 1883.

SPECIAL NOTICES.

PARKE, DAVIS & CO.—This magnificent Drug establishment, located at Detroit, Mich., have, by unsmilting perseverance and faithfulness in all their business interests, obtained the confidence and good will of the medical profession throughout the entire country. They have accomplished much for the progress of Medical Science and largely benefitted mankind by the introduction of new and important Drugs. They are entitled to the thanks of the Profession, and justly deserve the high reputation to which they have attained.

WM. E. WARNER & CO.—This splendid Drug establishment continues to maintain the confidence and support of the Medical Profession everywhere. Their preparations are specially commended for their purity and neatness, and for the care with which they are manufactured. Their beautiful Parvules are becoming more and more popular, and are certainly a great convenience to the practitioner. The house holds a deservedly high reputation throughout the whole country.

CELEBRINA—Is a combination of drugs which meets all the requirements of a first-class prescription; it is efficient, agreeable and safe. I have used it in two cases of neurasthenia, with highly satisfactory results, and shall give it still further trial.

H. A. COTTELL, M.D.,

Demonstrator of Anatomy, Microscopy, and Medical Chemistry, University of Louisville, Medical Department.

COATING.—In regard to the COATING of McKESSON & ROBBINS' Pills, no improvement can be devised, no case having ever been known by us, where our Pills have been administered, in which the coating was undissolved. Every practitioner is aware that, in some conditions of the stomach, Quinine should only be administered in solution, but whenever any food will be assimilated, our Pills can be safely advised. Our Bi-Sulphate of Quinine Pills may always be prescribed. Our Pills can be very easily sent by mail to physicians living in remote districts, or to Druggists desiring them in advance of their orders. We have wooden boxes for the purpose.

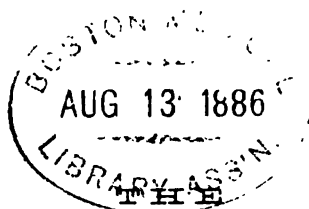
FARMERS and others desiring a genteel, lucrative agency business, by which \$5 to \$20 a day can be earned, send address at once, on postal, to H. C. WILKINSON & CO., 195 and 197 Fulton street, New York.

LISTERINE.—Now that the father of antiseptic surgery has placed carbolic acid under ban, and recommended eucalyptus as an efficient substitute for it, we would advise physicians to give *LISTERINE* a trial. Eucalyptus is one of its constituents; and the preparation, being a perfect solution, is presented in a form most convenient for general use.—*Louisville Medical News*, June 25th, 1881.

More of **ELLIOTT'S SADDLE BAGS** are sold than all other patterns combined. One thousand have been shipped to different parts of the country since January 1st. The proprietor invites a thorough investigation and comparison of every Bag in the market. The U. S. Government did this in 1879, and adopted the ELLIOTT. Doctors that do the same thing get the standard article. Send for circular to A. A. MELLIER, 709 Washington Avenue, St. Louis, Mo.

Pinus Canadensis.—DEAR SIR—Your Kennedy's *Pinus Canadensis* has answered an admirable purpose in two cases of catarrh of the bowels, and I want more immediately, and now ask that you send me half-dozen bottles by first express.

W. N. CLINE, M. D.



Southern Medical Record:

EDITORS:

T. S. POWELL, M.D. W. T. GOLDSMITH, M.D. R. C. WORD, M.D.

R. C. WORD, M.D., Managing Editor.

All Communications and Letters on Business connected with the Record must be addressed to the Managing Editor.

VOL. XIII. ATLANTA, GA., MARCH 20, 1883. No. 3.

ORIGINAL AND SELECTED ARTICLES.

REFLEX-NEUROSES AND NOSE DISEASES: CONTRIBUTION TO NASSAL SURGERY.

BY DR. WILHELM HAUCK,

Privat-docent in the Freiburg University. Translated by J. Edwin Micheal, M. D.

MUSCÆ VOLITANTES AND SUPRA-ORBITAL NEURALGIA.

Case 4 is that of a patient—otherwise perfectly healthy—who, after twenty-two years' military service, on purely personal grounds left the army and sought civic employment. He was certainly not of a "neurophatic disposition." Patient was never really sick; his only complaint was attacks of coryza, from which he very frequently suffered. During the last few years he had observed that the attacks of coryza occurred less frequently, but on the other hand a new symptom gradually made its appearance; a suddenly beginning glimmering before the eyes in the form of brilliant zig-zag lines and curves, which remained for hours, and was accompanied by typical supra-orbital neuralgia. The attacks were growing more frequent and more severe, so that they interfered very materially with his business. With much trouble I discovered in the otherwise perfectly normal nasal cavity, on the left inferior turbinated bone, a small patch of deep red granulations, very sensitive when touched by the sound. These I cauterised with the galvano-caustic at a single sitting. Since then his attacks ceased and have not again returned.

In this case there are several points of interest: Note the dependence of the bilateral attacks on a unilateral nose affection.

Bearing upon the connection between the symptoms described

above and the nose trouble, I have been able to find only one case recorded in which there was presumably a similar connection, in which, however, no corresponding therapeutic measures were taken.

Long before I had busied myself with these conditions I was led by a sort of *argumentum ad hominem* to assume this interdependence. In my own case there occurs a short attack of *muscæ volitantes* in the form of the well-known "fortification line" as the precursor of a cold in the head, and the attack generally ends with repeated sneezing.

These circumstances are, however, as I believe, susceptible of a much broader interpretation. It is not unthinkable that we occasionally see cases of amblyopia and amaurosis whose origin can be found in reflex nasal irritation. The literature of the day gives this idea analogical support. Very striking are the reflexes brought about in sensitive persons by inhalations of powdered ipecacuanha; we sometimes see bronchial asthma, sometimes also amblyopia and transient amaurosis. (Thamhayn, Dyce Duckworth). Observations are also tolerably numerous in which pathological irritation of other branches of the trigeminus have produced reflex amaurosis, which could only be cured after the causative irritation had been removed. (Mackensie, Hutchinson, Campbell and others.)

A word more in regard to the accompanying supra-orbital pain. It is interesting to note that in this case a typical neuralgia with characteristic symptoms—the point of greatest pain at the supra-orbital foramen was very decided—was cured by operative removal of a nasal trouble. As it is well-known this neuralgia has been associated by several authors (Mandach, Seeligmuller, and others) with catarrhal inflammation of the frontal sinuses. I do not see the necessity of this hypothesis and believe that many things mentioned by these authors can be better explained by the assumption of the reflex nature of the trouble as a result of disease of the nasal cavity. But I cheerfully admit that the question could only have been definitely settled by a careful rhinoscopic examination of the posterior nares. The greater, therefore, is my regret that the writers mentioned, in the richness of their material—Mandach could have compared 82 cases—did not communicate their results from this point of view. Zuckenkandl has examined the sinuses of the skull in 150 cases and found that the antrum of Highmore is most frequently affected with catarrh, after that the sphenoidal sinuses and least frequent of all the frontal sinuses.

CILIARY NEURALGIA.

Patient No. 5 had been operated on for nasal polypus not less than twelve times, the operation being always done with forceps. The development of each relapse was announced, long before notable stenosis had been produced by attacks of severe pain, which the patient localised partly in the lower eyelid but chiefly in the eyeball on both sides. I extirpated the polypi, whose presence in no wise interfered with respiration, with the galvano-caustic snare, and besides that thoroughly cauterized their bases. Immediately after the operation the patient had one of his former attacks lasting several minutes, but he has been entirely free from them since.

PAIN IN THE EYELIDS.

The sixth patient suffered at first with very frequent attacks of coryza, but later during the intervals of the attacks with pains in the angle of the right eye, radiating into the upper and lower lid. The diagnosis was here very easy. There was a considerable thickening of the mucous membrane over the right lower turbinated bone, which had nevertheless produced no appreciable stenosis of that side of the nares. After a few cauterisations, which on account of the incredible terror of the patient, could not be thoroughly done, the subcutaneous pains completely vanished and, a fact of great interest, the attacks of coryza became much less frequent.

CEPHALALGIA.

Under this head I might include two cases in which the patients complained of persistent pain and sense of pressure over the front part of the head—these troubles not assuming the character of hemicrania or neuralgia.

In the first case (7) the patient, a gentleman in the thirties, in addition to the before-mentioned symptoms, complained of attacks of severe pain, which, beginning at the upper part of the nose, radiated backward toward the base of the skull (probably following the course of nervus spinosus trigemini). In examining the nose from the front I discovered a decided thickening of the mucosa over the right middle turbinated bone. But in attempting to examine by way of the mouth, I met with an apparently insuperable irritability. The patient vomited and strangled before the instrument had touched any of the parts; so I satisfied myself as best I could with what I had gained by the anterior examination, cauterized the mucous thickening and had the satisfaction to see the frontal pain and sense of pressure vanish. The peculiar pain in the roof of the pharynx, however, remained as severe as ever. As the last-named complaint after several weeks seemed to get no better, but on the contrary to grow worse, I again undertook to make a posterior examination, and after several vain attempts, which about used up all my patience, I at last succeeded. I discovered in the left cavity a polypus as large as a hazelnut. The patient by this time was so well trained that I undertook the extirpation of the polypus through the mouth with the galvanocauteric loop with the result of immediate disappearance of all the subjective symptoms. In a few months there was a relapse. After the second removal I thoroughly cauterized the base. Since that time no returning of subjective or objective symptoms.

I cannot abstain from calling attention to this case as an illustration that the most exquisite sensitiveness of the faucial parts cannot present an insuperable obstacle to posterior rhinoscopy. One should not allow himself to be discouraged by repeated failure as was formerly too often the case with myself.

The following case (8) deserves consideration, because it touches upon the question as to whether nasal affections may not be worthy study from the psychiatric point of view. This patient had for many years suffered from numberless attacks of coryza. Gradually the frontal pain and head pressure, which accompanied the

attacks, began to persist during the intervals, thereby greatly interfering with the mental work to which the patient, on account of his calling, exclusively devoted himself. His memory became poor, so that, (as he admitted to me only long after his cure), he suffered with the fixed idea that he was afflicted with a brain disease, became morose and looked to the future with the darkest forebodings. Many of the physicians whom he consulted had prescribed tonics and many other remedies but had left the nose trouble to take care of itself. Upon examination with a short speculum the nostrils on both sides appeared to be free. Upon dilatation, however, and the use of Markusorowski's long armed speculum, I discovered hanging down in the middle meatus on both sides a mass of polyp: of all sizes. I removed them at several sittings with loop, forceps and galvano-caustic. There followed cure of all the subjective symptoms, return of the memory and such a gay and cheerful view of life that the patient felt himself completely transformed.

PAIN IN ONE SIDE OF THE FACE.

I report the following case (9) with reserve: The patient, a middle-aged married woman, related that she had suffered for years with very severe pain in the left side of the face. The attacks, against which heretofore the patient had been powerless, except for such small relief as she could get from very hot applications, became less frequent, whilst there was developed much more frequent and severe attacks of frontal pain. Finally the pain in the face was entirely relieved but on the other hand the frontal pain and sense of pressure became permanent. I found rhinoscopically on the side corresponding to the former face pain, viz: the right over the middle turbinated bone, a peculiar tuberculated surface which looked as if it were sown over with numerous small papillomata. The left nasal passage was on the other hand completely normal. I cauterized the right middle turbinated bone thoroughly in two consecutive sittings. She promptly lost the frontal pain and sense of pressure without any return of the pain in the face. Now I believe that this last probably had its origin in contemporaneous nasal affection and could have been cured in the same way, but naturally I am not in a position to prove this assumption.

I will now pass to the discussion of certain single reflex neuroses which seem to me to have had their origin in affections of the pharyngo-nasal cavity.

SPASM OF THE GLOTTIS.

In this case (10) the patient was a completely healthy physician free from any neuropathic disposition. After he had suffered from night-mare he would be awakened by threatening attacks of spasm of the glottis accompanied by a high grade of dyspnœa. The attacks were short in duration and passed off spontaneously. Posterior rhinoscopy showed considerable injection of the mucous membranes of the naso-pharyngeal cavity, and collection of mucus in this part. Treatment: Pencilling the part with lunar caustic several times repeated. Afterwards he was for a long time free

from attacks. They returned, however, with an attack of catarrhal angina from which the patient suffered. Since that there has been no recurrence whatever. This case occurred very opportunely. I had in a former work advanced the hypothesis that reflex spasm of the glottis could perhaps occasionally have its point of irritation in nasal or naso-pharyngeal cavity. At that time I was able only to support my assumption by an experiment in which, with a very sensitive patient, I was able to produce closure of the glottis by touching normal nasal mucous membranes with a sound. The spasm continued several seconds and could only be relieved by a powerful expiration.

FAUCIAL COUGH AND VOMITING.

I have selected the following case (11) from a not inconsiderable number of observations, because it most exactly demonstrates the reflex troubles under consideration.

The patient, a physician, complained, though his stomach was most excellent, of a continual tickling cough produced by a constant sensation of having a foreign body in the pharynx, and especially upon rising in the morning he would be attacked with vomiting. On the posterior pharyngeal wall there were a few granulations, but in the clefts behind the tonsils on both sides there were rows of deep red granulations which reached up to the naso-pharyngeal cavity. I cauterized them with the galvano-caustic. The tickling cough ceased during the second sitting, after which all the other troubles passed away.

These important reflexes seem to me to have been too little considered; although C. Mitchel and others have called attention to them. I have had a few cases to treat, in which the patients, on account of the continual vomiting, were thoroughly convinced that they were suffering from stomach trouble and were treated by their physicians accordingly. A single galvano-caustic operation was generally sufficient to remove all the trouble. But even in these cases where there was only coughing and hawking, and this generally only in the mornings, the patients could not express the relief which followed the painless operations so immediately. Here, also, I made the observation that the troublesome symptoms were produced not so much by granulations of the pars oralis—which in numberless individuals produce no inconvenience—as by granulations, which, in all their extent, can only be seen with the aid of the mirror.

I have had occasion to examine in this respect several pregnant women who suffered severely from vomiting. These presented typical granulation rows along the sides of the pharynx. I could not carry out the indicated operative procedure. Whether at a time when, as is well known, the reflexes are generally in a most exalted condition, these troubles may depend upon the increased reflex irritability of these pharyngeal granulations, and whether the hyperemesis of pregnancy can be prevented by a simple operation more promptly than it can be, according to Friedruch, with bromide of potassium, are questions well worthy of further study.

—*Maryland Medical Journal.*

LUPUS EXEDENS, WITH THE HISTORY OF A CASE SUCCESSFULLY TREATED BY THE USE OF THE SOLAR RAY CAUTERY.

By O. V. THAYER, M.D.

Read before the San Francisco County Medical Society.

Lupus is a chronic inflammation of the skin, appearing in the shape of external tubercles, of different sizes, singly or in clusters, of a livid red color and indolent character, followed either by ichorous ulcers, which become covered with brownish and usually very adherent scales (*lupus exedens*), or by extensive changes in the structure of the skin, but without ulcerations (*lupus non-exedens*).

This disease is generally confined to the face. It may attack at once or in succession several regions of the body. The two varieties which have been indicated are very distinct in their external appearances, and, also, require different modes of treatment. *Lupus exedens* is generally developed on the alæ, or tip of the nose. It makes its appearance as a small tubercle of a dusky red color, whose progress is usually tardy; sometimes as a chronic inflammation of the mucous membrane of the nasal fossæ. A thin scab or crust then forms at the opening of the nostrils. This is removed and a second and thicker one succeeds. An ulcer, in fact, has been formed, and soon extends to the alæ of the nose.

Under other circumstances, a livid purple tint and some swelling of the end of the nose are the first symptoms of the disease observable.

The redness increases, a superficial sore is formed, which becomes covered with a scab and the ulcer extends in depth. It may be confined to only one of the alæ, which swells, becomes painful and of a purple hue, while the other remains free from disease. A slight ulcer then forms and becomes covered with a little scab. This the patient commonly picks off, when it is replaced by a thicker one, under which the ulcerative process continues to go on, the scab being found to increase in thickness every time it is removed. The skin, and, occasionally, the cartilage, is silently destroyed and an ulcer of bad character, from which a fetid, sero-purulent discharge is poured out, is at length discovered, as if by accident, established under the scab. The ravages committed by this disease vary extremely.

Almost the whole of the nose disappears in one instance, and the point only suffers a little in another, in which case it often looks as if a piece had been removed by a cutting instrument.

When such ulcers have been arrested and healed up, new tubercles occasionally form on or near the cicatrices, and the parts which had been spared originally may be entirely destroyed by a renewal of the ulcerative process, and even the whole nose and septum may vanish before its destructive influence.

Sometimes, if the disease is interfered with, it seems to acquire new energy.

Incrustations, which are attended with acute pains and grow very thick, in the course of a few days form in the interior of the nasal fossæ, whence a puriform fluid distils, and the point of the nose is rapidly destroyed.

The disease seems, every now and then, to be advancing towards recovery, when the part that was almost cicatrized turns to a livid red, is attacked anew with painful ulceration and is covered with a thick scab, under which the destructive inflammation makes rapid progress.

In lupus exedens of the skin of the nose, the mucous membrane of the nasal fossæ is almost always affected with chronic inflammation. In some rare cases the septum is even destroyed before the outer surface of the nose is implicated.

The tubercles of lupus exedens are occasionally evolved near the commissure of the lip, ending in partial destruction of the parts by the shrinking of the cicatrices. When the disease gets well the opening of the mouth is apt to be considerably diminished.

The lower eyelid is occasionally attacked, ending in great deformity, the lid receding from the eyeball. The eyeball, in this case, being imperfectly protected, inflames, the conjunctiva thickens, the cornea loses its transparency and, by-and-by, becomes so dim that blindness follows.

The cicatrices which follow the healing of lupus ulcerations often result in the forming of white bands, stretching from the parts where the mischief began to those in the vicinity, and similar in appearance to the cicatrices that follow extensive burns.

Lupus exedens often continues for years, committing frightful ravages without the general health appearing to suffer to any great extent.

Lupus non-exedens does not ulcerate; but, on the contrary, the skin undergoes great structural change independent of ulceration. But I do not deem it advisable to discuss this variety of the disease in this paper.

CAUSES.—Lupus is, happily, a disease of rare occurrence. It seems more common in the country than in large towns, and to attack women more frequently than men.

Low, damp localities, wanting in sunlight, with poor, badly cooked food, predispose to this disease. Scrofulous children are, of all individuals, the most obnoxious to its attacks, yet it undoubtedly occurs among the robust, who have lived in the enjoyment of good health. It rarely shows itself at the age of fifty. The disease is not contagious, and is seldom seen in the better class of society.

Prognosis. Under ordinary treatment, lupus is always a very obstinate disease. Months and even years elapse before it yields to treatment. The earlier the period of its existence the more hope of success as to treatment prescribed.

So long as the cicatrices remain soft, bluish, and convey to the finger something of a feeling of fluctuation, and so long as they are surrounded with tubercles of different sizes, there are grounds to apprehend renewed attacks of erosive inflammation, in which

case the tubercles ulcerate and the cicatrices already formed are not long in again becoming open.

TREATMENT: The first indication in commencing the treatment of lupus is to endeavor to modify the general condition by appropriate remedies. The patient should at once be placed under the very best of hygienic influences and proper regimen. The system should be built up, as it were. The disease itself is, at the same time, to be combatted by such external and internal remedies as appear to exert a salutary influence in the development and progress of tubercles and the ulcerative process. Among these are the preparations of iron, iron with bitter compounds, preparations of iodine, mineral waters, sulphur baths. The bath of pure hot water is of more benefit in my estimation than medicated ones.

These should be used often and regularly, two or three times a day. The food should be of good quality, well cooked, and taken every six hours. A residence in a dry and bracing atmosphere is a powerful modifier of the constitution.

Among local applications to the ulcerating surfaces, caustics have generally been relied upon—such as the nitrate of silver, potassa fusa, butter of antimony, super-nitrate of mercury, arsenical powders and paste, the actual cautery; and last, but not least, the Solar Ray Cautery.

When the disease is extensive, the cauterization should be done with great caution. It should be confined to a single part and extended, successively, to the whole of the affected surfaces. When the ulcers are covered with scabs, they must be removed or got rid of by means of poultices.

During the treatment patients should avoid exposure to heat or rigorous cold and dampness. For want of attention to this simple precaution, cicatrices that appeared sound have frequently been seen to open out afresh. When the disease is accompanied with any evident functional disturbance, this must be remedied by appropriate means.

Having great confidence in the curative qualities of the Solar Ray Cautery, I determined to treat the first decided case that came under my observation by this means. I had not long to wait an opportunity.

Mrs. B—, aged 40, of Nevada, consulted me in the month of June last. She was suffering from a disease of the nose and upper lip, which made its appearance two years before, commencing in the septum of the nose, resembling an ordinary cold-sore. In the following September the disease had extended into the anterior nares, alæ, tip of the nose and upper lip. The skin of the nose seemed spongy, not unlike a pin-cushion. A pin or needle could be thrust into it without pain; a little blood would follow the pricking, with a slight oozing of watery fluid afterward.

In December following the patient came to this city for medical treatment. At this time the disease covered the right side of the nose, extending upward one-half the distance to the and down the lip near its margin. She was under treatment from this time to the next April, receiving, however, but little benefit.

At times the disease seemed to be improving, but soon to be fol-

lowed by an aggravation of all the symptoms. Hard lumps, as large as a pea or bean, formed under the skin, which soon softened and ulcerated, discharging pus, to be followed sooner or later by a thick scab. From December to April many remedies were applied to the diseased parts. Some of them produced the most intense pains, lasting for hours. She informed me that the greatest relief and benefit was received from the use of an ointment prescribed by an old woman, the composition of which she was ignorant of.

At the time she came under my care the disease was confined mostly to the upper lip, directly under the nose, which was occupied by ulcers secreting pus. The anterior nares were red, the mucous membrane extremely vascular and thickened. The skin in the immediate neighborhood of the disease had a dark bluish tint and roughened appearance. This was the status of the disease after two years of unsuccessful treatment by physicians of this city and elsewhere.

With a powerful lens with a focal diameter of three lines, having a clear sky, an unobstructed sunlight, (the great essentials in the success of the Solar Ray Cautery,) I most thoroughly cauterized the diseased surface. This was accomplished in three minutes time. The cauterization was not very painful while using the lens, although I burned the skin to a crisp. All pain ceased immediately after the removal of the glass. This has been my experience in nearly all of the cases operated upon with the Solar Ray.

I dressed the burned surface with Zinc Ointment, over which was applied a compress wet in a 5% solution of carbolic acid. The next day there was more or less swelling of the lip. The parts seemed tender and inflamed. Thirty-six hours after the operation an improved condition was visible. The discoloration of the nose and lip disappeared rapidly from day to day, and within less than two weeks the patient presented herself at my office with the ulcerative surfaces most thoroughly healed, and, as you may well anticipate, a very grateful and happy patient.—*Pac. Med. and Surg. Journal.*

PREMATURE DELIVERY FOR THE PREVENTION OF BLINDNESS.

BY EDWARD G. LORING, M.D., NEW YORK.

So far as I know, and so far as I have been able to inform myself by inquiries among my professional brethren, premature delivery for the sole purpose of preventing blindness has never, up to the present time, been performed, or even advocated.

In suggesting any new remedy, or remedial procedure, especially in so conservative an art as medicine, two things ought to be considered: first, whether there is any necessity for the remedy proposed, and, secondly, whether the advantages attending its adoption will outweigh the evil effects which existed before the remedy was suggested.

First, as to the necessity of the operation.

It has been long known that pregnant women, especially toward the end of gestation, were liable to suffer from a disturbance of vision, which might vary from the slightest deterioration to a total and permanent blindness.

Physicians were well aware of this fact before the true condition of retinitis albuminuria, or uræmic amaurosis, was known—that is to say, prior to the time of Bright, and long before the invention of the ophthalmoscope.

The fact, therefore, admitted, that possible, and, under some conditions, inevitable blindness may ensue, the question reduces itself to the simple inquiry whether premature delivery is ever justifiable either for the restoration or the preservation of sight.

It appears to the writer that there are not a few cases in which it is not only justifiable, but where the true principles of sound practice demand its adoption.

The reasons for this belief will, perhaps, be better explained by the following cases, which are cited simply as useful examples of what may happen, and not unfrequently does happen, either directly or indirectly, in the experience of every physician and oculist.

The following case is reported by Mr. Robert Lee, the particulars being furnished to him by Mr. Bowman.

On the 7th of December Mr. Bowman was consulted by a lady who was pregnant, and "who had rather suddenly lost her sight in great measure." The urine was found to be excessively loaded with albumen. At Mr. Bowman's suggestion the patient consulted Mr. Paget and Dr. West, who anticipated, Mr. Bowman says, as he did himself, "that the confinement would be attended with convulsions of a dangerous character." On the 9th of January, or one month later, the patient had a premature confinement of a male foetus, which was still-born. The patient gradually regained her health and strength, but Mr. Bowman regrets to state that the sight has only partially returned.

The first thing which strikes one here is that there was a permanent loss of vision, and the question arises whether something might not have been done to prevent it. It is stated that on the 7th of December the patient had rather suddenly lost her sight, and, if there ever was a chance of saving it, it was by getting rid of the cause as soon as possible, as it is universally acknowledged by all oculists that the sooner the delivery takes place the better the prognosis for sight. Nothing, however, was done, notwithstanding the fact that the three attending physicians, all men of great eminence, had announced that they anticipated that when the confinement did take place it would be attended with dangerous convulsions.

No action, however, was taken, and the woman would have been allowed to remain blind to the end of her term unless nature had stepped in with a premature birth. At any rate, she was allowed to remain blind for an entire month, with the urine loaded with albumen; and what a month's delay, under these circumstances, will, and often does produce in so delicate a tissue as that of the retina and optic nerve is too well known to need any com-

ment. Would it not have been better practice—nay, was it not the bounden duty of the surgeons in a case in which a great degree of blindness was actually present, and danger to life anticipated, to have produced premature delivery, and not waited for an entire month for the chance intervention of nature, and to have, in the end, to regret that “the sight had only partially been restored”? Does not the mere fact that the sight did partially return after the patient had lost it for a month show that if the delivery had taken place earlier there would have been every chance of its being fully restored? and is the sight of a woman in the prime of life of so little account that no effort should be made, or no risk run, to preserve it, especially when it is anticipated that, later on, there will be danger to her life itself?

The literature for the last half century, as everybody is aware, is full of such cases, and that related above is cited simply for purposes of illustration.

The following case, by Mr. Lawson, is a sad example of the misery which may be entailed upon a patient by recurrent attacks of blindness occurring in successive pregnancies:

P. S., aged forty-one, applied to the hospital on December 2d of this year, suffering from the following amaurotic symptoms: She was the mother of nine children, six of whom were then living. She said that in the second month of her pregnancy with her *eighth* child her sight began to fail her, and continued to get worse until the termination of her pregnancy. She could then only see large objects; she could not count fingers, nor tell a man from a woman. She could merely see that something large was in front of her. After the birth of her child her sight began to improve, but not until after she had begun regularly to suckle it; and in three months time she was able to read her Bible, the print of which was about the size of No. 10 Jæger, and she could not only see to do needle-work, but actually did it. In this state she continued for two years, when she again became pregnant with her *ninth* child, and her sight, at about the second month, again began to fail her, and continued to diminish until, at the ninth month, she could see no more than she did at the time of her previous confinement. After the birth of this child her sight only slightly improved compared with the improvement which followed the birth of the previous one. This she attributes to the fact of her being unable to suckle her child on account of her bad health. She regained, however, sufficient vision to be able to walk about unguided and to carry her child with her in the streets; and, although she could easily distinguish the faces of her friends, still she had not sufficient sight to be able to read or write. Eighteen months have elapsed, and she is now pregnant with her *tenth* child. The increased impairment of vision came on about the second month as on the two previous occasions, but her sight has failed her this time much more rapidly, and on that account she applied to the hospital.

She is now six months advanced in pregnancy, and the following is the condition of her sight:

Right Eye.—No perception of light; pupil fixed, widely dilated.

Left Eye.—Is unable to count fingers, but at eight inches can just make out the hand; pupil dilated, but with a very slight range of action.

Examined with the Ophthalmoscope.—The optic entrance looks small, of a bluish pearly white; the arteries appear like mere threads, while the veins are very large.

She suffers now, and has suffered during her pregnancies, with pain at the top and back of her head. The least noise "seems to bewilder her," and she arises in the morning with headache. She has no loss of power in any of her limbs, but looks thin and haggard, having the appearance of one who has gone through much trouble.

A striking feature in this case, and one which is thought to be uncommon, though it is by no means so rare as is supposed, is that the vision began to fail so early in the pregnancy—that is, about the second month—and that it occurred in three successive pregnancies at this time. Now, notwithstanding this fact, and that with each pregnancy there was an additional and serious increase in the loss of the sight, the patient was allowed to go through three successive pregnancies until she became totally blind without an effort being made to prevent it. No wonder she looked, as the reporter of the case expresses it, "thin and haggard, having the appearance of one who has gone through much trouble."

To be blind at forty-one with eight or ten children to look after is not a cheerful prospect for any woman. To be allowed to become so through a succession of years would seem, if possible, only to add to the misery. Other cases precisely similar might be cited here, as they are familiar to every accoucheur.

Such being the condition of affairs, when matters are left to themselves, it remains to be seen what occurs when interference, either natural or artificial, takes place, and in illustrating this I would briefly cite another case from Mr. Lee:

On the 29th of January, 1883, Mr. Lee saw a young lady in the third month of her pregnancy. She was suffering at that time from sensitiveness in the region of the uterus, sickness of stomach, and general nervous irritability; the pulse, however, was not very rapid, and there were no symptoms to excite alarm.

On March the 21st, or two months later, he received a note from Mr. Bowman desiring a consultation, as the patient had consulted him for defective vision. "The urine was loaded with albumen, and there was a destructive disease going on in the coats of the eye." As the patient was in the sixth month of her pregnancy, and as she seemed to be threatened with convulsions, and especially as these symptoms became urgent in the following three days, premature delivery was proposed by Mr. Lee, as he believed the affection of the kidneys and eyes arose from the pregnancy. Before, however, having recourse to this, it was considered proper to hold a consultation with Dr. Robert Ferguson, who thought it unadvisable to induce premature labor, "chiefly on the ground that the life of the child would necessarily be sacrificed, as the pregnancy had not advanced beyond the sixth month." It was determined, in consequence of this opinion, not to interfere, but to wait and see what course the disease would take.

On April 10th, or three weeks later, there was an attack of convulsions; and, as these were sufficient to excite apprehensions that fatal puerperal convulsions would take place, it was considered proper, after a second consultation, that premature labor should be induced immediately. This was successfully performed, and, with occasional drawbacks, the patient continued to recover for the next ten days, when she could distinctly see the figures on the dial of a watch.

The happy result in this case and the restoration to vision were, it cannot be denied, due to the induction of premature delivery, which removed the cause producing the loss of sight; and the only criticism to be made is that it was not induced as speedily as it should have been, since the operation was delayed until dangerous convulsions had already taken place, notwithstanding the fact that precisely this result had been anticipated, and in spite, also, of the fact that "a destructive disease was going on in the coats of the eye, and that the urine was at the same time loaded with albumen." Neither would it seem that the reason given for the delay—that the life of the child would be sacrificed—was a good and sufficient one, since, from the very nature of the trouble and the condition of the mother, there was every reason to suppose that, sooner or later, not only the life of the child was sure to be sacrificed, as it ultimately was, but also that of the mother would be imperiled. Here, too, the question narrows itself to whether the *possible* life of a sickly child ought to outweigh the probable loss of sight in the mother, and whether it is good practice, or even justifiable, to run such a risk.—*N. Y. Med. Journal*.

THE TREATMENT OF ACUTE RHEUMATISM.

There are few, if any, subjects more trite than this, and the saying that the disease which has the greatest number of "sure cures" is the least amenable to treatment, finds in rheumatism its aptest illustration.

Rheumatism has for ages been the battle ground of pathologists and therapeutics. An article on the subject, by Dr. Roberts Bartholow, in the Medical Record, while it contains no reference to any new drug or new method of administering any drug, nevertheless makes a very helpful division of the classes of patients who are the subjects of rheumatism. This division, if it shall prove correct, will aid very materially in the intelligent selection of drugs in the treatment of this affection. It recognizes three groups of persons who are subject to rheumatic arthritis:

1st. Spare persons of considerable bodily vigor, good muscular development, and having a distinct family history of neurotic or rheumatismal disorders.

2d. Obese subjects, addicted to malt liquors and good living, sometimes with—more often without—an inherited predisposition to rheumatic diseases; the gelatinous descendants of albuminous parents, as they have been entitled.

3d. The feeble, pale, anæmic subject, depressed by poor diet,

and even hygienic surroundings, including dampness and bad air.

"No one," says Dr. Bartholow, "can treat cases of rheumatism successfully unless he recognizes the type before him, and adopts his remedies accordingly."

In the first class of cases he prescribes salicylic acid or the salicylate of soda. He has no theory to account for the action of this drug or for its superiority to others in this class of cases. In view of the special liability to relapses in this class of cases the remedy should be continued for several days after the acute symptoms have subsided.

In the second class of cases there is a tendency to a form of acid indigestion, and they are those in which the alkaline treatment has been found most valuable. In view of the diverse conceptions which obtain in regard to what constitutes the alkaline treatment, Dr. Bartholow quotes with his approval the plan as understood by Dr. Fuller, the author of an excellent work on rheumatism :

"By the 'alkaline treatment,'" says Dr. Fuller, "I mean a plan of treatment in which alkalies play an important part, but which consists not only in the administration of alkalies, but in the careful regulation of the secretions, the strictest attention to diet, and the administration of tonics, such as quinine and bark, as soon as the patient can bear them. * * * * My practice is to give not less than an ounce and a half of the alkaline carbonates, either alone or in combination with a vegetable acid, during the first twenty-four hours of treatment. * * * More commonly two drachms are ordered to be taken in effervescence every three or four hours, in combination with an ounce of lemon-juice, or with a drachm of citric acid dissolved in four ounces of water. At the same time, if the bowels are torpid, ten grains of colocynth and calomel pill (British Pharm.) are prescribed at bed-time. As soon as the urine, when freshly voided, ceases to show an acid reaction—which is usually the case after twenty-four hours—the quantity of the alkali is diminished by one-half, six drachms only being administered during the succeeding twenty-four hours. At the expiration of that time, if the urine remains alkaline, three drachms only are given in the next twenty-four hours; and on the fourth day, if the urine still shows an alkaline reaction, the form of the medicine is altogether changed. The treatment ceases to be essentially alkaline; either a cinchona draught is ordered to be taken three times a day, containing a scruple or a half drachm of bicarbonate of potash—a little more or a little less, according to the condition of the urine, which should be kept nearly neutral—or three grains of quinine dissolved in lemon-juice is given three times a day in effervescence, with half a drachm of bicarbonate of potash or soda. * * * * The diet is restricted to beef tea or broth, with soda-water and milk, and barley-water as a drink, as the smallest quantity of solid food, given a day before the tongue has thoroughly cleaned, is apt to induce a recurrence of the disease. Wine and spirits are strictly forbidden, though experience has convinced me that wine and spirits prove less hurtful than the smallest quantity of solid food."

The third class of cases is numerically the most important, be-

sides being also those in which vicious results are most liable to develop, cardiac complications being relatively frequent. The depressing effects of salicylic acid and alkalines are to be avoided in these.

To Dr. Russell Reynolds, of London, is due the introduction of the most successful drug in this class of cases: Tincture of the chloride of iron. It must be given in full doses—3 ss to 3 j—properly diluted, every four to eight hours. It lessens the swelling and pain in the joints, lowers the fever, diminishes the tendency to heart complications; and, above all, sustains the vital powers in their struggle against the encroachment of the rheumatic disease.

The treatment as above outlined does not prevent a resort to blisters, and indeed the author speaks of them as deserving careful consideration. It is a remarkable fact, he says, that blistering brings about a neutral or alkaline condition of the urine. The usual method of blistering is by means of cantharides, and the plans of their application have been various, ranging from a small blister over and in the neighborhood of the joint, to a complete zone encircling it. We have found in our experience that the application of a tartar emetic ointment (3 j to 3 j) is much to be preferred to cantharides. It is more cleanly, less disagreeable to the patient, and more speedy in the relief it brings. The appearance of the characteristic pustules is usually attended by immediate amelioration of pain.—*Medical Age*.

LOOK OUT FOR YOUR SOFT CATHETERS.

BY HIRAM NANCE, M. D., KEWANEE, ILL.

On the 8th of January, I was telegraphed to from Cambridge, the county seat of Henry county, distance twenty miles, to visit an old acquaintance of mine, R. D. K——, Esq. In the telegram it was stated, "Come, I am afflicted with kidney and bladder disease." I immediately prepared to go, not forgetting to slip in my pocket a medium sized Jaques catheter. I arrived at the house about 4 p. m. and as soon as possible proceeded to examine my patient, and found he had been under the care of one of our little pill fraternity for eight or ten days, or perhaps a longer period. Mr. K—— was aged about 64, the period so common for prostatitis to make its appearance, but it seems that homœopathy had not suspected any mechanical cause for the retention of the urine, which had partially existed since his attack. The patient was suffering terribly, and was taking both homœopathic medicine and morphine in one-eighth grain doses to relieve him. Finding him in a very free state of perspiration, partially stupid, and a strong urinous smell on raising the bed-clothes, and on examining the pubic region it was fully distended, and a continuous stilicidium of urine, I determined at once to introduce a soft catheter, and on doing so, without any pain, I drew off nearly three pints of dark-colored urine. Had this urine been permitted to remain only two

or three days longer you all know that he would have died with poison produced from the effects of the absorption of urine, or more properly uremia.

I suspected the cause of the retention before the introduction of the catheter, and called the nurse to the bed-side to show him how to manipulate the instrument, for I presumed on a continuance of the operation for a long time. After prescribing, and indulging in a splendid supper, on the next to the coldest night of the season, I bade good by, feeling happy over the great relief I had been able to give my patient, and feeling confident that the nurse would be able to relieve him with the soft catheter three or four times a day. Imagine my surprise in just twenty-four hours (9 o'clock p. m.) I received a telegram from the Rev. George K—, his son, stating: "Come immediately. Catheter slipped in the bladder." I was horror stricken. I was twenty miles away from patient; Saturday night; no telegraph or trains at that hour, nor would be until Monday; no alternative but to go; mercury near zero; snowing from the West like the deuce, and pouring in our faces. I called in Dr. Nichols, of this place, and solicited his company and advice. We started in the blizzard, and arrived at the house at 1:30 a. m. Sunday. On examination we found the catheter entirely out of sight. They had called in a physician who refused to do anything, saying it would probably require an operation, and as the case was not his he went home.

Visions of lithotomy and lithotripsy flitted hurriedly across my mind; also, the careful introduction of a fine pair of forceps, a hooked wire, stream of water introduced through urethra by syringe, hoping a counter current might expel the intruder. But none of these were tried. We, by feeling the urethra, could detect the end about four or five inches down from the glands penis, and by grasping the urethra and holding it and the catheter and pushing down on the glands we succeeded in moving it forward by jets, as it were, until we could reach it with a pair of nasal forceps. I must say I was rejoiced over our triumph, and many congratulatory remarks were made by the friends over our success.

Never before has such an accident occurred in my practice; nor have I ever read of it occurring to others, and I write this to caution others in the use of this invaluable instrument.

MORAL.—When leaving a Jaques catheter with uneducated nurses, always attach a small cord or string to the end, then the instrument can't escape.

SULPHATE OF ZINC AS A SPECIFIC IN SCARLET FEVER.

BY DR. W. D. HOYT, OF ROME, GEORGIA.

Whilst talking with Dr. C. S. Harris, a retired physician of this county, some months since, he gave me the following account of his use of sulphate of zinc in scarlet fever:

He stated that, whilst practicing medicine some years before in another part of the State, he encountered an epidemic of this dis-

case which was quite fatal; that he had under his charge a patient, a little girl about eight years of age, who was suffering from so violent an attack of this disease that he anticipated unfavorable termination; that he had notified the relatives of his gloomy prognosis; received from them a request that he would call in their old family physician from another part of the State, who chanced to be in the neighborhood. This he gladly did. After visiting the patient, Dr. Harris remarked to the consulting physician, "That case is bound to die." "I see no need for it," replies the other. "What," says Dr. Harris, "do you know any remedy which will counteract this disease?" "I do," says the other; "If you will rub nine grains of zinc into a fine powder, divide it into nine powders, and give one every third hour, you will find her better to-morrow." Dr. Harris acted on this suggestion, but at his next visit was surprised at the improvement. The interval between the doses was lengthened to four hours, and the numbers finally reduced to three a day. Under this treatment the child rapidly recovered. Since this time the Doctor has used this remedy, he says, in numerous cases, and always with the happiest results. He has no theory as to the action of the remedy, but simply knows it cures. In no case, he states, has he seen it produce emesis or other unpleasant results.

On the 13th of April, 1883, I was called to see Lula McIntosh, a little girl four or five years of age, who had been taken sick the day before with high fever, headache, stupor and pain in the back and limbs. She presented, at my visit, the following symptoms. From head to foot the most distinct and intense scarlatinous eruption presented itself. The tongue was heavily coated; red and enlarged papillæ, showing through the white coat. The throat was redder than natural, but was not sore; pulse, 160; temperature, 104. There was no scarlet fever prevailing; but some relatives had arrived at the house from Tennessee some ten days before, and it was thought they had introduced the disease. It certainly seemed to me to be scarlet fever, in spite of the absence of throat symptoms. I was desirous of trying Dr. Harris' remedy, but was afraid of the dose. I, therefore, ordered 1-18th of a grain of sulphate of zinc, rubbed up with sugar, to be given every three hours, and ordered her thoroughly greased.

On the 14th I requested Dr. J. B. S. Holmes to see the case with me. He, also, was of the opinion that it was scarlet fever. The child had improved very much. The eruption had almost entirely disappeared; the tongue had cleansed; looked like a piece of raw beef. Pulse was 101; temperature, 101½. The child felt well; had felt better, she said, after the second dose of medicine. She wanted food and wanted to get up.

On the 15th the child had still further improved—pulse, 128; temperature, 100.

On the 16th, pulse 120; temperature, 98½.

On the 18th desquamation had commenced, and an epithelial coat was being formed on the tongue. The bowels had been acted on every day; no sickness had been produced. The medicine was gradually diminished after the 16th.

Scarlet fever is, at least of late years, so rare a disease in Georgia that it may be a long time before I encounter another case in which to try the remedy. I, therefore, write this article, based on a single case, in order to request other physicians, more likely to encounter the disease, to test the efficacy of sulphate of zinc in scarlet fever. If it is the specific which Dr. Harris claims for it, its value cannot be over-estimated.—*Nashville Jour. of Med. and Surgery.*

CAPSICUM ENEMATA IN OPIUM POISONING.

BY JAS. G. KIERNAN, M. D., CHICAGO, ILL.

Opium poisoning is a not unfrequent occurrence from all sorts of causes. An opium habitue takes an overdose. A betrayed woman gets laudanum to quiet a colic and proceeds to commit suicide. Children drink laudanum left in their reach by injudicious parents and nurses. From all these and allied causes, opium poisoning is often an applicant for medical treatment. Any means of treating it which is readily applicable is therefore always in order. In the suggestion of capsicum enemata I can claim originality, but not priority.

Dr. Charles H. Hughes was the first to use capsicum enemata in a case of opium poisoning. A patient had taken opium with suicidal intent, and Dr. Hughes being called in consultation by Drs. Rømer, Hypes and others, after the usual routine remedies had been used, ordered an enema of one drachm each of aqua ammonia and tincture of capsicum, using coffee for a vehicle. The patient rapidly rallied and recovered.

During the year 1881 I was called to a case which gave the following history: A patient suffering from the insomnia of a prolonged debauch purchased two ounces of laudanum, one of which he swallowed. Within half an hour he had sunk into a deep slumber. A physician was then called who evacuated the stomach by means of the stomach-pump, relieving the patient of about half the laudanum taken.

This physician found that despite the use of strong coffee and constant movement the patient did not improve. Dr. J. S. Jewell was then called in consultation who advised the use of atropine. Under all these varied means of treatment there were temporary rallies, but after six hours of constant treatment the patient seemed to sink into and remain in a very deep coma. At this stage of affairs I was called in consultation, and having some faith in the old idea of a derivative action, ordered three drachms of tincture of capsicum to be poured directly into the rectum. The effect was almost magical. The patient walked around rather briskly, talked freely, and in about an hour was in his usual condition, other than being much exhausted and complaining of great dryness of the throat, obviously the result of the atropine.

In a second case a five year-old child obtained possession of a bottle of laudanum belonging to its father who was a victim of

gastric cancer, and in consequence an opium habitue. From the bottle the child drank approximatively about a teaspoonful. Atropine, emetics, the stomach-pump and the galvanic battery were tried with temporary success. But the influence of the laudanum manifested itself in a gradually increasing coma. Remembering my former experience I ordered an equal quantity of tincture of capsicum to be poured into the rectum. The result was a slower but equally permanent success. The child, for some time after, suffered from inflammation of the rectum, from which it made a slow recovery. From the case narrated by Dr. Hughes, and the two just cited, it would seem that this measure would be at least a good addendum to other means of treatment. Dr. Hughes claims to have had equally good results from capsicum enemata in chloral poisoning. Hypodermic injections of strychnia being used in addition.—*Med. Weekly.*

Health of Criminal Women.—Dr. E. M. Mosher, in an article upon this subject (Boston Medical and Surgical Journal), comes to the following conclusions:

1st. Intemperance and unchastity are the two vices which fill our penal institutions with women.

2d. The influence of these vices is detrimental to the health of the body, increasing its susceptibility to disease, and lessening its recuperative power.

3d. The diseases which follow as a direct result of these vices are syphilis, alcoholism, dyspepsia, rheumatism, and general anæmia.

4th. Morbid conditions of body react upon the moral nature, increasing and perpetuating the tendency to criminality; hence the importance of careful medical supervision as a reformatory measure.

5th. More ample provisions should be made in all large cities for the isolation and thorough treatment of venereal patients of *both* sexes, either by the addition of special wards to the general hospitals or by the establishment of hospitals for this class.

6th. The women who commit high crimes, that is, larceny, burglary, arson, manslaughter, etc., possess a more sensitive nervous organization than those who commit only offenses against chastity and public order.—*N. Y. Med. Record.*

Good-Bye to the Doctor.—Bouvard, on entering one morning the chamber of a French marquis, whom he had attended through a very dangerous illness, was accosted by his noble patient in the following terms: "Good day, Mr. Bouvard; I feel quite in spirits, and think my fever has left me." I am sure it has," replied Bouvard, dryly. "The very first expression you used convinces me of it." "Pray explain yourself." "Nothing is easier. In the first days of your illness, when your life was in danger, I was your dearest friend; as you began to get better, I was your good Bouvard; and now I am Mr. Bouvard. Depend upon it, you are quite recovered."—*Louisville Medical News.*

ABSTRACTS AND GLEANINGS.

Koch's Theory of Tuberculosis.—Dr. H. F. Formad, in a paper read before the Philadelphia County Medical Society, touching Koch's bacillus theory of tuberculosis, says:

My researches clearly show the following points:

1. The predisposition to tuberculosis in some men and animals, the so-called scrofulous habit, lies in the anatomy of the connective tissue of the individual, the peculiarity being a narrowness of the lymph-spaces, and their partial obliteration by cellular elements.

2. Only beings with such anomalous structure of connective tissue can have primary tuberculosis, and such animals invariably do become tuberculous from any injury resulting in inflammation, or from repeated injuries.

3. Scrofulous beings can have no other than a tuberculous inflammation, although it may remain local and harmless.

4. Non-scrofulous men or animals may acquire the predisposition to tuberculosis through malnutrition and confinement, the latter bringing on the above-mentioned anatomical peculiarities in the connective tissue.

5. No external etiological influences are necessary to cause tubercular disease other than those which ordinarily produce inflammation, and even scrofulous beings will not become tuberculous unless local inflammation is set up. No inflammation, no tuberculosis.

6. Non-scrofulous animals, so far as can be established now, may acquire tubercular disease through injuries of serous membranes,—viz: peritoneum, pleura, etc., and even here without any special virus whatsoever. Clinical observations on the post-mortem table show similar conditions and prove the same in man. (Koch's own experiments are also in favor of this proposition, as will be shown hereafter; but he has overlooked this.)

7. The bacilli, which it is the merit of Koch to have first proved to infest tissue affected by tubercular disease, are not necessary for its causation, even if a special organism exist and be really possessed of such property. The presence of bacilli (so far as our present research goes) is secondary, and appears to *condition* the complete destruction of the tissue already diseased and infested by them, and this destruction is in direct proportion to the quantity of the organisms, which thus regulate the prognosis. The tubercular tissue seems to serve merely as a nidus for the growth of the bacillus.

8. From the results of microscopic examination, from numerous observations upon the post-mortem table, and on clinical grounds, I have come to the conclusion that phthisis is not a specific infectious disease, but that the individuals suffering from tubercular disease are specific themselves originally, and form a special species of mankind, the "scrofulous."

9. Scrofulosis is a condition which may arise from malnutrition and seclusion in any being, and thus may be produced artificially.

It always depends upon the demonstrated anatomical changes in the connective tissue.

10. An analysis of Koch's experiments shows that he has not proved the parasitic nature of phthisis, or that there exists a special *Bacillus tuberculosis*; so that the infectiousness of tubercular disease is still *sub judice*.

In regard to infection he remarks: The natural history of tuberculosis is surely against the existence of a special poison such as now offered again by Koch. It is clearly proved that no infective agent is required to produce tuberculosis. It is possible that Koch's *Bacillus tuberculosis* in itself is capable of inducing the disease. There are at present no positive proofs either for or against it.

The evidence of those who have had a large experience with consumptive patients is in perfect opposition to the infective theory of phthisis. This, I think, is of more importance than experiments on the lower animals. The alleged fact that occasionally the healthy wife of a consumptive husband acquires phthisis (or the reverse), after prolonged cohabitation, can reasonably be explained by the presumption of an acquired scrofulosis from physical effects, misery of life, loss of sleep, etc.

Dr. Vincent Edwards, of the Brompton Hospital for Consumptives, testifies that during his seventeen years' experience and observations upon many thousand patients he has never observed a case of infection from person to person. None of his nurses ever contracted the disease.

The belief that milk or meat from tuberculous animals produces consumption when used as food, is also not warranted by scientific observation, nor is it based upon facts.

The natural history of tubercular disease and the laws of pathological physiology are against the presumption of a parasitic origin of phthisis.

We can certainly not have parasites more pernicious than the living cells of our own body prove to be in the case of tuberculosis. Our own cells (lymphoid cells) become dislodged from their natural location and move into other regions of the tissues, where they are not wanted, and where they do harm to the tissue they invade, and still more to themselves. They, however, continue to move through the body (as it seems, mainly by means of the perivascular spaces, the lymph-spaces proper being blocked up), everywhere leaving on their way small colonies of breeding cells which block up vital channels. These colonies of cells do not find enough nourishment in the new locations, and hence remain usually limited in size. Now the cells move closer together, forming nodes, to feed upon one another, and finally die and poison their host with the effete products of their dead bodies (cheesy degeneration.)

The ubiquitous bacteria, which (the bacillus included) linger around in countless numbers upon all surfaces without the least harm to a normal individual, easily penetrate a diseased tissue and make it a nidus for their growth. Young unripe cells created by morbid processes, frequently giant cells, which, under favorable conditions would have been transformed into a harmless connec-

tive tissue, from want of proper nutrition undergo retrograde change, and thus fall a prey to bacteria. While normal cells cannot be effected by bacteria (except by the anthrax bacillus, perhaps), morbid cells do not form (as I have myself seen) a good culture-medium for large crops of bacteria. Various kinds of bacteria (micrococci, rod-bacteria, bacilli, and vibrios or their spores) are present together in varying proportions everywhere. Different culture media favor however, the development of different kinds of bacteria: so all those new formations liable to cheesy change favor the predominant growth of *bacilli*. Here belong tubercle, leprosy, glanders, lupus, typhoid infiltrations, syphilis, swine-plague, and anthrax. Micrococci prefer the living blood and its white corpuscles as a medium for luxuriant development, if they succeed in getting across to it. The exanthemata and the ordinary kinds of septicæmia belong here. We cannot confirm, so far, that there is any difference between the micrococci of these last-named diseases, nor is it probable that a difference exists.

Koch has discovered that tubercle-tissue is always infested by bacilli, and this is correct; but this tubercle-tissue is not created on account of, or caused by, the bacilli. These organism, invade the tissue in question solely because it is a culture-medium favoring their predominant development.

As soon as tubercle-tissue undergoes complete cheesy degeneration and softening, the bacilli—Koch acknowledges this also—disappear from that locality nearly altogether, because no food is left and because the fat resulting in that process acts deleteriously upon them. This is also against the etiological relation of the bacilli with tuberculosis.

To consider, as Koch does, giant cells as mere special capsules of the bacilli, is a mistake not warranted by anything.

Koch further claims that the *Bacillus tuberculosis* differs from other bacilli morphologically, and in its behavior to staining fluids. We cannot confirm this. My assistant, Mr. Bodamer, and myself, after prolonged study with instruments as good as those of Koch, and after using all known methods of staining, have failed so far to see any special features in the bacillus in question which would make it distinct from other bacilli.

If Koch's bacillus even were possessed of distinct morphological features, it would not materially help to make it a specific organism.

Prof. Wood and myself made the observation that bacteria may acquire special morphological and physiological features in culture; excluding fully the possibility of Koch's "*Verunreinigungen*." Moreover, we have seen micrococci increase in size under certain conditions of culture. This is the more interesting, as Prof. Rothrock, of the University, made the suggestive observation that lower fungi or algæ, under culture, perhaps from pathological conditions of their own, may undergo decided, perhaps permanent, modification in their anatomy.

Whether or not the *Bacillus tuberculosis* stands in any causative relation at all with tuberculosis, only future investigations will show.

Meniere's Disease.—The following case from the British Medical Journal well illustrates the necessity of caution on the part of the public in forming opinions on matters relating to medicine: On the 21st of last October a court of inquiry was held to inquire into a charge of drunkenness preferred against a sub-constable. He had been seen to stagger and reel while on duty. He was taken to the barracks, where, in a short time, the transient attack of giddiness having passed away, he seemed, as he really was, perfectly sober. He was seen two hours afterwards by Dr. John Ringwood, when he exhibited well-marked symptoms of Meniere's disease; noise and hissing in his left ear, numbness behind the ears and down the left arm, depression, occasional vomiting, giddiness, objects going to the left side, the drum of the ear inflamed, and the left Eustachian tube plugged. Improvement followed inflation with the Eustachian catheter.—*Med. and Surg. Reporter.*

Electricity—Paralysis, Sciatica, Intercostal Neuralgia, Chronic Rheumatism.—H. Mallory, M. D., in Medical Brief, says: I presume there are very few physicians, at this day and age, who question the utility of electricity as a remedial agent when directed by a skillful physician. But the high price of electric batteries, and their liability to get out of order, have caused many physicians to dispense with their use altogether. During the thirty-three years I have practiced medicine in Hamilton, I have bought half a dozen batteries, and have been not a little vexed when I had occasion to use my battery to find it would not work. It is to suggest an instrument that is free from these objections as well as to comply with personal and written requests of a large number of the medical profession that I write this article, and give to the profession my experience with the Electric Brush Battery. This is a regular Faradic battery, mounted on a metallic hair brush, and gives a current powerful enough for ordinary purposes, while at the same time it can be regulated to suit the most sensitive or delicate child. I have now been using this Electric Brush Battery for ten months, and have obtained such good results from its use that I have not found it necessary to use any other, and for the benefit of the medical profession I will give a few of the many cases I have treated with this battery.

The first case was that of myself, and its history is full of interest. During the month of February, 1881, I accidentally fell from a step-ladder, causing a severe concussion of the brain, followed almost immediately by paralysis of the right arm and leg, which kept me in bed for three months, during which time I was under the treatment of Dr. Daniel Millikin, of this place. At the end of this time I was advised by him to consult Dr. William Carson, of Cincinnati, who diagnosed my case and discovered a lesion or irritation of the right corpus striatum.

I remained under Dr. Carson's treatment until the 1st of July, and then, at his suggestion, went to the sea shore, where I took daily ocean baths until the second week in September. I returned home greatly improved in health but not cured. I now resumed the use of Electricity, having, by the direction of Drs. Millikin and

Carson,—from both of whom I derived much benefit—used it before I went to the sea-shore.

I now determined to give the Electric Brush Battery a trial, and commenced using it by applying it to the spinal column, the head, arm and leg, moistening the skin over the parts with water before each application. The effect was most gratifying, and I improved rapidly, and in less than two weeks I was free from the muscular twitchings in my legs and feet, which had existed since the date of my injury. I also recovered the use of my right hand, and was able to hold my pen and write—a thing I had not done for eight months. I soon regained strength to walk and attend to my practice, and while I have not entirely dispensed with the use of the battery (still using it two or three times a week) I am certainly as well as I ever was.

[Dr. Mallory goes on to describe five other cases, which we have not space to publish—one of sciatica, one of intercostal neuralgia, two of rheumatism, and one of facial neuralgia.]

Ophthalmic Aphorisms.—Dr. J. J. Chisholm, of Baltimore, gives the following valuable aphorisms in a report presented to the Maryland State Medical Society at its last session:

1ST APHORISM.—Do not blister. In forty-nine applications out of fifty, as I find it used by physicians at large, it is an additional and useless torture to the eye diseases from which the patient is already suffering.

2D APHORISM.—Do not use nitrate of silver. As constantly prescribed by general practitioners, it is not beneficial in one case out of one hundred, and therefore is a very painful infliction to the ninety-nine who would have been so much better off without it.

3RD APHORISM.—Do not prescribe sugar of lead. In every case zinc, tannin or alum is better, and then there is no fear of having insoluble deposits incorporating themselves with the exposed surface of corneal ulcers.

4TH APHORISM.—Always use weak solutions of the mineral and vegetable astringents in the treatment of eye inflammations which attack the mucus surfaces, and restrict their application to conjunctival diseases exclusively. One grain of alum, sulphate or chloride of zinc, sulphate of copper or nitrate of silver, in an ounce of water, will in the majority of cases of conjunctival diseases, do much more good and give much less uneasiness than the very painful five and ten grain solutions which are so often injuriously prescribed by physicians.

5TH APHORISM.—Solution of the sulphate of atropia, from one to four grains to the ounce of rose water, is an essential eye-drop in the treatment of acute iritis, to break up newly formed adhesions. One drop of atropia solution in an inflamed eye is a most valuable means of establishing the diagnosis, whether iritic complications exist or not, and should be used in most cases of eye inflammation to find out whether there are any adhesions of the pupil to the lens.

6TH APHORISM.—Eserine in solution of one grain to the ounce of water is the remedy for purely corneal lesions.

7TH APHORISM.—When physicians are in doubt as to the character of an eye disease, they should seek a consultation from specialists who are more familiar with the eye diseases than general practitioners can possibly be. Such timely aid often saves the patient a lifetime of trouble.

If physicians would commit to memory and keep at their finger ends, and ready for use, these simple aphorisms, the amount of mental and bodily suffering which they will prevent in their eye patients is beyond calculation. While all good rules have necessarily many exceptions, they may safely follow their simple guidance.—*Ohio Med. Journal.*

Tracheotomy.—Tracheotomy comprehends three steps: First, the opening of the air-tube; second, the introduction of a tracheal canal to keep patent the opening; third, the subsequent dressings. Let us examine each one of these steps.

From the point of view of the opening to be made, the various operative procedures which are recommended may be arranged in several distinct classes. This division is based on the relative rapidity with which the operation is performed, or on the place where the opening is to be made. The question of place comprises the choice between laryngotomy, tracheotomy and crico-tracheotomy; that of relative rapidity includes the rapid, slow and mixed methods.

The rapid methods are the most seductive. To penetrate the trachea at once and in a few seconds to place a canula in the respiratory passages seems to be the method the most applicable in such cases, since it removes with extreme rapidity the obstacles which oppose respiration, and does away with that painful and difficult period of immobility demanded by the other procedure.

There are three methods of rapid tracheotomy—the one originated with my regretted master, Chassaignac, the other with Bourdillat, the third with my colleague and friend, St. Germain.

Chassaignac seized the cricoid cartilage with tenaculum furnished with a groove, serving to guide a bistoury with which he cut at one sweep the three first rings of the trachea; then this same tenaculum, after a modification which Isambert gave it, was made to open and serve as a dilator, in order to introduce the tracheal canula.

Bourdillat makes two stages of the operation: the first comprises the incision of the tissues down to the trachea; the second, the incision of this latter.

St. Germain proceeds in a somewhat different manner, and his method has been described by my former interne, Dubar, who has put it into practice in my service: The trachea is opened as you would open an abscess, the left hand grasping the neck makes the trachea prominent, and with a single thrust of the bistoury the air-passages are entered. A bistoury specially constructed enables you to limit the depth of the incision on the one part, and on the other enables you to hear the whiz of the air which escapes from the trachea at the moment of the incision; then, the incision being made, with a dilator you place the canula in the trachea.

I do not know what future is reserved for these rapid methods, which, indeed, have always seemed to me of the most simple kind. At the same time, used to the slow processes, I prefer them, while still recognizing the advantages of the quicker methods. Nevertheless, these advantages are at a discount when the operator fails, as he often will, speedily to introduce the canula; and this, because he attempts to do it through a wound which includes in the same extent the skin, subjacent tissues, and trachea.—*N. Y. Medical Record.*

New Treatment for Purulent Conjunctivitis.—The treatment Mr. H. L. Ferguson has been using at the Dublin Infirmary for many months past, consists in constant cleansing with an iced 4 per cent. solution of boracic acid, and when the more acute stage is over, touching the conjunctiva with a ten grain solution of nitrate of silver subsequently neutralized with a solution of salt.

The results with this treatment were, on the whole, satisfactory, his observations coinciding with those of Mr. Simon Snell, published in the *Ophthalmic Review* for October; but convalescence was slow.

It occurred to him that if the boracic acid were applied to the conjunctiva in a finely powdered state its action would be quicker and more certain, and its application in this way seemed to be free from the objections to iodoform.

Briefly stated, the results of his observations have been: 1. That the application of the finely powdered boracic acid to a discharging conjunctiva checks the discharge completely for a period varying from two to twelve hours, and in the milder cases the first application is sufficient to stop the discharge altogether. 2. When the discharge reappears it is usually less in amount and more watery in character, and a very few applications of the powder stop it entirely. 3. The conjunctiva is then red and succulent but dry, and if touched two or three times with a solution of nitrate of silver it rapidly returns to its normal state.—*Eclectic Med. Jour.*

Coffee as an Antidote to Alcoholism.—By F. P. Novaes, Rio de Janeiro. The habitual use of coffee (*Coffea Arabica*) has been considered by some writers to be antidotal to alcoholism, and some of them apparently have no doubts upon the subject.

One of the gravest questions discussed in the Congress of Geneva was that of alcoholism, the means of fighting this terrible scourge, which from day to day makes such frightful progress in Europe, particularly in Switzerland.

His excellency, the Baron of Theresopolis, vice-director of the faculty of medicine of Rio de Janeiro, in some remarks made during the discussion of this topic, interested his audience and indicated the means he believed most efficacious to oppose the inroads of alcoholism. He produced statistics showing that the number of drunkards in a country is in inverse ratio to the amount of coffee consumed.

"In Brazil," he said, "where great quantities of coffee are used, and where all the inhabitants take it many times a day, alcoholism

is completely unknown. It appears that the immigrants arriving in our country with this terrible passion for alcohol, contract little by little the habits of our people, imitating a fondness for drinking coffee, and their aversion for liquors. The children of these immigrants, brought up with coffee from their tender age, never contract the fatal habits of their parents.

"We can, therefore, conclude that the more coffee we take the less desire for alcohol we have. But to obtain such a result it is necessary that the coffee should be of superior quality, such as that from Brazil.

"Send us your emigrants," said the Baron; "we have work for them, and they will live under the protection of our government. In turn we will send you our coffee, which is the best remedy for such a trouble as this which you consider incurable."

His excellency may have exaggerated in this estimation of the effects of coffee, but we do not doubt that its use is an excellent antidote to alcoholism. The number of *cafes* in the large cities of Brazil, where hundreds of persons, from the highest down to the lowest classes of people, go in to take a cup of that delicious beverage, which none but Brazilians know how to make properly, is enormous, whilst drinking saloons or bars are very few, and their patrons fewer still, in consequence of which a public drunkard is a rare person to be seen.—*Phila. Med. Times*.

Infantile Convulsions.—The adopted and regular treatment of M. Jules Simon, of the Hopital des Enfants Malades, for infantile convulsions is as follows: On arrival the first thing he orders is an injection of salt and water, salad oil, or glycerine, or honey, which he administers himself, as he has too often observed that the parents or the nurse have already lost their wits. If the teeth can be opened sufficiently a vomitive is given which clears the stomach of any food that could not be digested—the most frequent cause of convulsions. However, the attack continues but soon ceases on applying a handkerchief, on which a few drops of chloroform are poured, to the mouth, which the child inhales largely. If the convulsions reappear the anæsthetic is renewed, and the child is placed in a mustard bath for a few minutes and then wiped dry and placed on his bed properly wrapped. Chloroform might be again administered if, after an interval, the child was seized again, and before leaving the nurse M. Simon prescribes a four ounce potion containing sixteen grains of bromide of potassium, one grain of musk, and a proportional preparation of opium, for he does not believe that the brain is congested in these attacks, it is rather excited, and the opium acts as a sedative. A teaspoonful of the mixture is given several times a day. On the following days the child is generally restless and irritable and ready to be attacked again, but a small blister about an inch square is applied to the back of the neck and left on about three hours, when it is replaced by a poultice of linseed meal, and gives most satisfactory results. M. Simon, in terminating, says "such is the treatment that I have instituted in my practice of every day."—*Med. Press*.

Vertigo de Meniere.—The patients afflicted with this disease are able to tell their own story, because they do not become completely unconscious. In the moment of the attack they hear a noise like that of an engine, and then they fall down forward, as if struck by a superior force, the latter being often so strong as to cause bruises of the nose or loss of teeth. After a while they will rise again and begin to vomit; they fall into a stupor, which lessens by degrees. After one or two weeks the attack will be repeated with the same phenomena. In a certain number of cases, the disease appears in the above described manner; the patients being well the rest of the time. But in a good many cases a permanent vertigo exists, with constant noises in the ear like that of a drum or a whistle. When the noise is aggravated, the attack will follow. M. Charcot has at the present time a patient who has been in bed for the last five years, and who avoids the least movement, which latter produces a feeling as if she would be raised in the bed very quick and then be lowered just as quickly. The noise may be due to an accumulation of cerumen in the ear, in which case the removal removes the noise. But more often it is due to otitis, or to another affection in the inner ear. M. Charcot treats these cases by the use of quinine, and says that this is a sure remedy.—*Journ. de Medic. et Chirurg. Prat.*

Carbolic Poison.—The following deaths from carbolic acid are reported: A man who had his hair clipped off was painted with carbolic acid over two-thirds of the head for some disease. He complained immediately about pains and dizziness in the head, became unconscious after a few minutes, and died shortly afterward. Three girls were painted for scabies all over the body with impure carbolic acid, and they became unconscious after a few minutes. Two carpenters had used carbolic acid against scabies; one of them cried suddenly, became intoxicated, and died after a few minutes; the other became unconscious, but he recovered. A child of fourteen months fell upon a bottle filled with a strong solution of carbolic acid; the bottle broke, and the child was covered with the acid. Death followed a few minutes afterward. A midwife applied a small compress soaked with carbolic acid to a suppurating spot on a little child, which died after two hours. Experiments on animals have proved that carbolic acid brought in contact with the bowels or peritoneum will produce shock and collapse.—*Chicago Med. Ex.*

Therapeutics of Chloral Hydrate.—In the course of an article on this subject, in the St. Louis Medical and Surgical Journal, Dr. Joseph E. Harris recommends chloral for seasickness, 15-20 grains every four hours; for the nausea and vomiting of pregnancy, in inflammations, eruptive fevers, etc., especially when attended by adynamic symptoms; in cholera and cholera morbus, in nearly all nervous disorders, in delirium tremens, in puerperal eclampsia, in infantile convulsions, in tetanus, in whooping cough and spasm of the glottis, and concludes with the statement that hydrate of chloral is a nervous sedative, carminative, hypnotic, an

antispasmodic, antiseptic, antiphlogistic, and we may say anæsthetic; but gives the following caution: It should be prescribed with the greatest caution, if at all, when there is ischæmia of the arterial system. It should not be prescribed, for instance, in pneumonia, in which there is bound to be a great disturbance of the pulmonary circulation.—*Med. and Surg. Rep.*

Alcohol Inhalations in Croupal Diphtheria.—Dr. Melsheimer, (Medical and Surgical Reporter) in the treatment of croupal diphtheria says: Now, if there is anything in the practice of medicine that is better calculated to humble the pride of the physician than a case of this kind, I have thus far failed to make the discovery, and I am very thankful for it. But we are called on to do something, and in our doing so we but demonstrate the impotency of our remedies and exhibit our ignorance of the cause to which they are directed for its removal. To be as consistent as possible with our imperfect knowledge of this disease, I prescribed stimulants in combination with iron, quinine, and chlorate of potash every three hours. Topical applications of tincture of iron and glycerin every four hours. Ordered the atmosphere of the room to be kept constantly moist by means of a large wash-boiler of hot water, and in connection used inhalations of a five per cent. solution of carbolic acid every four hours, by means of a small antiseptic atomizer. This treatment was continued with variations in inhalation for some sixty hours without any improvement whatever; in fact, grew from bad to worse right along. There was a progressive increased difficulty of breathing, with spasms of the muscles of the glottis, that threatened a speedy death from asphyxia. Her countenance and extremities were purple. Pulse, 160, thready and irregular, recession of the sternum and intercostal spaces, with each inspiratory effort; she appeared to be beyond the relief of medicine, yet, notwithstanding this hopeless condition I practiced the doctrine that as long as there was life there was hope. I abandoned all former treatment, with the exception of moist air, and resorted to the inhalations of hot alcohol, knowing that it would not compromise her condition in the least, and might possibly be the means of warding off death for a short time, at least; the alcohol used was rated at 88 per cent., and maintained at a temperature of 150° in the medicated cup. It was inhaled at a temperature of 120°, and reached the lungs through the nozzle of the atomizer, with a strength of about forty per cent. During the inhalation, which lasted about fifteen minutes, the pulse lost its intermittent character, and became somewhat fuller, the breathing more moist and less difficult. The paroxysms, that threatened speedy dissolution, were relieved, and a decided improvement for the better gave some hopes of recovery. The inhalations were kept up at regular intervals of two hours through the night, and by the following morning she presented every promise of returning health. The blueness of the face and extremities was disappearing, her breathing was much less difficult; she expectorated large quantities of flaky, membranous matter, had increased secretion from the kidneys, and improved appe-

tite. To facilitate the expectoration a preparation of syr. senega, spts. nit., and sanguinarine, in sufficient doses for this purpose, was prescribed every three hours. This, in fact, embraces the only treatment, and with the exception of a slight aphonia yet remaining, she is restored to health. At no time throughout the disease did the thermometer register more than 100° , with a low blood pressure, as was indicated by the character of the pulse. Her urine was scant; the eliminations from the kidneys seemed to hold a direct relation to the difficulty of breathing; at her worst period the amount of albuminous matter was equal by bulk to the urine.

Jaborandi in Jaundice.—We recently had a most obstinate case of jaundice, in which the usual remedies proved unavailing. We finally prescribed 30-drop doses of fluid extract jaborandi, with a view of relieving the circulation of the presence of bile through the skin. The sweating was profuse and great relief was afforded. The liver gradually resumed its action, aided by cream-tartar, podophyllin, extract taraxacum, etc. We attribute the starting of the function of the liver entirely to the action of the jaborandi.—*The Southern Clinic*.

A New Method of Embalming.—Instead of taking a solution of chloride of zinc, the following mixture is recommended: Thymol, 5 parts; alcohol, 45 parts; glycerine, 3,160 parts, and water, 1,080 parts. The injections made with this solution have the advantage of not being offensive, the instruments are not destroyed by it, and the bodies will be conserved any length of time, being mummified without putrefaction.—*Lyon Medicale*.

Collecting Bills.—A writer in Peoria Medical Monthly says: Don't be afraid of losing practice by collecting closely, for it is one of the best ways of holding it. Your patient probably owes all the other doctors in town, and sends for you because he has paid you, and consequently feels sure that you will attend him. Attend to your own collecting; you cannot trust to agents. Finally, we will meet with some that no art can reach; those we had better turn over to nature, especially when they get sick.

A New Narcotic.—A drug, hailing from Queensland, has recently produced a considerable sensation in Australian medical circles, where it is at present only known by its quaint native name of "pitchery-bidgery." A sufficient dose of this substance produces absolute insensibility to pain. It has the peculiar property of enabling those who take it habitually to withstand fatigue and undergo physical exertion upon a low diet.—*N. Y. Medical Times*.

Specific for Sore Throat.—Dr. Robert N. Hormerzdji, of Chitttenham, has come to the conclusion that salicylate of sodium is a specific for acute tonsillitis. He recommends about 15 grains every hour, until the most urgent symptoms are relieved, when the quantity is reduced to one half. He also uses a gargle of salicylate sodium, grs. 10, glycerine 1 oz., water 3 oz.—*Lancet & Clinic*.

SCIENTIFIC ITEMS.

Some Large Lenses.—The thirty-inch objective for the great telescope of the Russian Observatory at Pulkova was lately tested at the entertainment of the grinders, the Clarks, of Cambridgeport, Massachusetts, and found to be fairly perfect. The flaw discovered before the grinding, due to imperfect cooling, has no effect on the definition, but lessens slightly the amount of light transmitted. The flaw is too slight to injure materially the efficiency of the lens, yet another block of glass, of the same size, has been ordered to be placed at the disposal of Professor Struve. For testing, the lens is mounted in a temporary telescope, forty-five feet long, and weighing, with its fittings, about seven tons. The lens weighs 450 pounds, will cost, when finished, \$60,000, and will be, for a little while, the largest in the world.

The largest object-glass in use is the 26-inch lens at Washington, with a focal length of 33 feet. Its light-gathering power is 16,000 times that of the unaided eye.

The Pulkova glass will soon be excelled by that of the Lick telescope, the disk of glass for which is now in the establishment of the Clarks. It is 38 inches in diameter and 2 inches thick. When ground and polished it will be reduced to 36 inches. The glass is optically perfect. It was cast at Paris, France, where the Pulkova glass was, and weighs a little over 374 pounds. The casting occupied four days, and the cooling thirty days.—*Scientific American*.

The average birth rate per annum in France, for the period between 1872 and 1880, has been calculated to be one birth for 37 inhabitants, which is by far the lowest birth rate in Europe. For the different countries the birth rate is as follows: Russia, one birth for 20 inhabitants; Germany, one birth for 25; Austro-Hungary, one birth for 26; England, one birth for 27; Italy, one birth for 27; Spain, one birth for 28; France, one birth for 37. If the yearly number of births for any thousand inhabitants be calculated, we have precisely the same result. We have in France, 26 births per 1,000; Belgium, 32; England, 35; Austria, 38; Prussia, 38; Russia, 50, and the United States, 55.—*Journal of Health*.

Lightning Rods.—Two things are to be considered in conveying the electricity from the air to the earth: the collecting and distributing of the fluid as it is generated. The collecting is best accomplished by means of metallic points above the object to be protected. These points should be in metallic connection, by means of rods, or continuous metallic parts, that may enter into the construction of the structure, with the earth.

As the rods have an enormous capacity for conveying electricity, compared to building materials, except the metals, there must be

abundant facilities for disposing of the current, as well as collecting it. Simply terminating a rod in the ground, or even in water, is not sufficient, for they are such poor conductors that much greater surface must be presented to the metallic conductor, in order to carry off an unappreciable amount of electricity. Since the conductive power is in proportion to the area of the cross-section of the conductor, it requires many square feet of earth or water to distribute what may readily pass through a metallic rod only a small portion of an inch in sectional area.

There is, then, no better practical method for securing a good grounding for a conductor than connecting it with a water or gas-main, which, having very extensive surface contact with damp or wet earth, serves as an excellent distributor. A conductor passing to the water should terminate in a large metallic plate, so as to facilitate the passage of the current from the rod to the water.—*Mechanical News*.

A Curious Experiment.—The ease with which persons fall under hallucinations of special sense is illustrated by M. Yung, in a recent communication to the Helvetic Society of Sciences. The operator places eight cards on a table, in positions corresponding to forehead, eyes, ears, nose, mouth and chin; he pretends to "magnetize" them and also some person in the company, and then goes out, while the magnetized person is required to touch any one-card. The operator, having returned, notes the action of a confederate, who scratches a part of his head corresponding to the card touched. Then he commences an innocent comedy, passing his hand carefully over the cards, and on reaching the touched card seeming to experience a strong shock. The observers are surprised, of course. One of them is then asked to go out and repeat the experiment. It is assumed that a certain card has been touched. Passing his hand over the cards, he indicates, in nine cases out of ten, a particular card as giving him a shock; and if the company be instructed to support his idea of that being the "correct card," he is confirmed in his illusion, which may be successfully repeated. Of 85 persons tried, M. Yung found only 9 who refused to indicate a card, not having experienced any sensation; 53 said they had exactly the sensation announced, and 23 described some different sensation.—*Journal of Chemistry*.

The Climate of Palestine.—From its peculiar formation the country possesses much variety of climate. That of the hill country has been compared with the climate of Italy, while that of the Jordan valley is decidedly tropical. The rainy season usually commences towards the end of October, and lasts till March, after which the air clears, and for months the bright blue sky is unbroken by a single cloud. The annual rainfall is small, the average of seven years, during which observations have been taken, being only nineteen inches and a half.—*Ibid*.

PRACTICAL NOTES AND FORMULÆ.

Antiseptic Cologne.—The following is commended as a preparation combining antiseptic properties with a perfume—

Eau de cologne.....	8 fl. ounces,
Chloral hydrate.....	2 drachms,
Quinine (alkaloid).....	10 grains,
Carbolic acid (pure).....	30 grains,
Oil of lavender.....	20 drops.

The Medical Record says this may be used on the handkerchief, the doctor holding it gently to the mouth while in the sick-room. Warranted to keep out bacillus tuberculosis; also, b. termo, b. elephantiasis A, and b. micrococci.—*Drug. Circular.*

Cough Medicines.—We present a few simple recipes for expectorants, useful for winter coughs. The first is particularly useful for young children—

Syrup of squill.....	1 fl. drachm,
Gum acacia, powdered.....	$\frac{1}{2}$ fl. drachm,
Ammonium chloride.....	8 grains.
Peppermint water, enough to make two fluid ounces.	

Dose for a child, a teaspoonful every two hours.

Another formula for adults and older children, consists of—

Syrup of ipecac.....	2 parts,
Syrup of squill.....	4 parts,
Paregoric.....	1 part.

Dose, half to one teaspoonful, repeated as often as necessary.

The following was a favorite prescription of the late Professor C. A. Lee, of Peekskill—

Syrup of ipecac.....	1 ounce,
Syrup of tolu.....	1 "
Paregoric.....	$\frac{1}{2}$ "
Syrup of wild cherry.....	1 "

—*Drug. Circular.*

A Subscriber to the Medical Call writes that the mother tincture of *gelsemium*, given in drop doses every ten, twenty or thirty minutes, relieves ninety-nine per cent. of her cases of dysmenorrhœa. If taken three or four times a day for about three days before the period, no severe pain will be experienced.—*N. Y. Times.*

The Metric System.—To convert grains or minims into centigrammes, multiply them by six; to convert drachms into grammes, multiply them by four; to convert ounces into grammes, multiply them by thirty-two.—*Ex.*

Diarrhœa Pills.—The following formula is given by Professor Wm. Thompson, of the University of the city of New York—

R Plumbi acetatis grs. 16,
 Pulv. camphoræ grs. 12,
 Pulv. opii grs. 3,
 Bismuth subcarb. grs. 12,
 Extract gentian q. s.

M. Make a mass and divide into 12 pills.—*Drug. Circular.*

Comparative Temperatures.—In a series of observations by Dr. Taylor (Roosevelt Hospital Medical Record), it is stated—

First.—The difference between axillary and rectal and axillary and vaginal temperatures is not constant, but averages about 1° F. in favor of the rectum and vagina.

Second.—In certain exceptional cases the temperature may be considerably higher in the axilla than in the rectum or vagina.

Third.—The difference does not seem to vary directly with the height of the temperature.

Fourth.—The difference in favor of the mouth, in buccal and axillary temperatures, averages about one-half that in favor of the rectum and vagina, when axillary temperatures are accompanied with the latter.

Toothache Drops.—

R Spr. chloroform }
 Spr. ether sulph. }
 Spr. camphor. } aa 3 fld. M.
 Tr. opii }
 Tr. iodini. }

Facts Worth Knowing.—That salt fish are quickest and best freshened by soaking in sour milk.

That cold rain water and soap will remove machine grease from washable fabrics.

That fish may be scaled much easier by first dipping them into boiling water for a minute.

That fresh meat, beginning to sour, will sweeten if placed out of doors in the cool air over night.

That milk which has changed may be sweetened or rendered fit for use again by stirring in a little soda.

That boiling starch is much improved by the addition of sperm, or salt, or both, or a little gum arabic, dissolved.

That a tablespoonful of turpentine, boiled with your white clothes, will greatly aid the whitening process.

That kerosene will soften boots and shoes that have been hardened by water, and will render them pliable as new.

That clear boiling water will remove tea stains; pour the water through the stain, and thus prevent its spreading over the fabric.

—*Journal of Health.*



EDITORIALS AND MISCELLANEOUS.

SOUTHERN MEDICAL COLLEGE COMMENCEMENT.

The Commencement Exercises of the above new and rapidly rising Institution, took place at De Give's opera house on the evening of the 27th of February, 1883, and were of the most interesting character. The following account, given by one of our city papers, the *Monday Morning Mail*, is so well drawn that it will suffice to copy it as published:

INTERESTING EXERCISES—THE SPEECHES,—NAMES OF GRADUATES—PRIZES, ETC. SOUTHERN MEDICAL COLLEGE.

On Tuesday night last, at De Give's, which was crowded, occurred the commencement exercises of this Institution, whose rapid growth to its present eminence is certainly a very high compliment to its originators and managers. After prayer by Rev. Geo. Leonard Chaney, began the evening's programme.

The annual report of Dr. W. P. Nicolson, Dean of the College, was as follows:

Mr. President—In making the annual report at the close of the session of 1883, it gives me much pleasure to say there is every cause for feelings of congratulation among the Trustees and Faculty, as the steps of progress have been, in many respects, very great. At the beginning of the term the obligation to the profession to which we stood committed, was fulfilled in the opening of the Central Ivy Street Hospital, adjoining the College, which was placed under the medical control of the Faculty by the Ladies' Hospital Association of this city. Many most interesting cases have been treated in this institution, which have been utilized as far as practicable for the benefit of the class. In the coming term we anticipate a much more extended supply of clinical material from this source, and pledge ourselves to use it faithfully and conscientiously for the imparting of medical instruction to our students.

Our schedule of lectures has been interrupted only by sickness, which, I regret to say, has, in one or two instances, laid its hand heavily upon us. It is with pain that I note the continued and serious illness of our Professor of the Principles and Practice of Surgery.

The matriculants of the school have numbered this session 108, and we present you for graduation this evening a class of thirty-seven. By a singular coincidence the class numbers precisely the same as last session.

In conclusion, I would say that our graduating class to-night, by their high standing, have proved themselves worthy of any institution.

Prof. T. S. Powell, President of the Board of Trustees, then conferred the degree of Doctor of Medicine upon the following candidates for that honor: J. W. Albert, J. H. Alley, T. L. Appleby, W. A. Bradley, Gordon Carithers, D. R. Fluker, J. M. Fowler, W. L. Funderborg, C. M. George, J. P. Hall, D. F. Knott, W. A. McArthur, G. M. McMillan, J. B. Medlock, W. B. Clement, A. H. Crawford, A. I. Davis, A. S. Dyar, S. W. Everett, H. L. Harvey, J. T. Harwell, J. W. Howell, Lee Huffaker, G. W. Kelley, W. A. Monroe, J. A. Nelms, D.

R. Norman, E. P. Overby, F. B. Palmer, F. H. Sims, M. W. Speer, C. B. Thomas, M. R. Toland, K. Van Goldtsnoven, S. W. Visage, Jefferson Wilcox, and W. L. Wright.

Dr. Powell, having conferred the degrees, spoke as follows:

Gentlemen of this, the Fourth Graduating Class of the Southern Medical College:—As the President of this Institution, it is appropriate that I say a few parting words.

From this stage, as from a common haven, you begin the great voyage across the ocean of life. Your frail barks are gaily trimmed with fluttering l'pes and ornamented with the glittering jewels of ever dreaming fancy. But, ah, my young professional brethren, how solemn are the reflections that arise while contemplating the scene and the occasion with the mind's eyes.

Where will we all be in the years to come? What will the course of each of you have been? Will it have been over a smooth sea, with favoring winds and happy prospects, or will the storms of adversity have beaten upon you?

Will danger beat at the prow and sorrow at the helm? How far will each be on the voyage to the invisible shores of the spirit-land? How long before the breakers of death shall sound their dreadful warning? Will we all meet again in this pathless sea men call "LIFE," and hear from each other's lips the greeting, wafted across the dark billows,— "All's well?" Or shall we never meet until the beacon-light of eternity dawns upon the falling sight, and the haven of eternal rest opens its golden portals to receive the weary wanderer? Who can answer these questions, and yet you, we—all of us—ought to ask them in the profoundest humility.

Some of the answers are hidden by the impenetrable veil of the future, and the most important one can only be answered beyond the grave. Still this contemplation will teach us humility, one of the most precious ornaments of the mind, and without which all the knowledge gained from books, and all the arts and sciences taught by your skillful teachers shall avail you but little in the trials and experiences of life.

But, my dear Doctors, remember that whatever may befall you, the Heavenly Father above us, who teaches the hearts and souls of His children, will never forsake you, if you will listen to, and profit by the lessons of divine wisdom which He inculcates.

Remember, too, that in all the realm of memory there is no brighter spot for you than the one around which cluster the ever green recollections of your college days at the Southern Medical College.

Also remember there is nothing that conduces more to the happiness and peace of mind of the physician than the consciousness that he has done his duty well.

When the eve of life approaches and the setting sun beams its last ray over him, how pleasant it must be to feel that suffering humanity has been benefitted at his hands.

Remember, too, that there is something more ennobling—something of a greater value than the love of lucre, should actuate him to pursue the professional path he has chosen.

When the pallid sufferer lies groaning on his bed, the mere knowledge that by his suffering he would gain, should not induce him to attempt a cure.

Sympathy for his affliction should spring unbidden in his heart and the same feeling which would arise from the suffering of a brother should be engendered in him towards any fellow-creature, and he should endeavor to make his visits like stripes of bright, clear sky between the clouds. He should come like Aurora chasing away the darkness.

The howling storm, the chilling wintry winds, the scorching noon-tide sun, or the darkness of a moonless night, should not be an excuse for neglect,

In conclusion, my young brethren, let me entreat you to pursue the course you have been taught in this institution, and my word for it, success will be yours, and whether your life be robed in sunlight or darkness, by trouble and tempest, posterity will embalm your memory and a grateful world proclaim you a shining light in your own generation—a benefactor to successive generations of mankind.

The Rev. Henry McDonald then addressed the graduating class. He discussed the relations that ought to exist between the physician and the patient.

1. What the public has a right to expect of the physician: First. There must be the strong substratum of common sense. Second. There must be thorough training. Every State is recreant to its duty that does not require the young student to undergo thorough preparation. Third. There must be continual study. Follow up your studies, young men. There is a sort of a providence which gives a young Doctor plenty of time for keeping abreast of everything.

2. What has a physician the right to expect of the patient? First. Give the physician your confidence; call the physician on time. Many cases have been lost through delay in sending for the doctor, and in refusing him your confidence. Don't be misled. Beware of the Indian medicine man or the retired clergyman who peddles patent medicine. [Laughter.] It is surprising how much patent medicine a man can take—and live. [Great laughter.] Beware of clairvoyants or cure-alls. It is better to die in the orthodox ranks than to fall by the ruthless hand of the quacks and vandals. [Applause.] Second. Pay the Doctor; even if a man does work for the good of the cause, still a little money coming along occasionally helps a man to work with a better heart. Never, never fail to pay the Doctor. In conclusion, I wish you all well. May you all attain high rewards and succeed in getting good wives, live good lives, and at last reach that land where the inhabitants never say "I am sick." [Loud and continued applause.]

We have only touched some of the points in Dr. McDonald's address, which was very instructive and useful in its principles and grand and eloquent in sentiment and delivery.

Dr. Alexander S. Dyar, of Atlanta, delivered the valedictory. He spoke affectionately of the entire corps of professors, and of his cotemporary graduates, and acquitted himself with much credit. His reference to the great men of our times was well made, and his allusion to the lamented Ben. Hill, of Georgia, was eloquent and touching.

The presentation of prizes was made by Col. John H. Seals, of the *Sunny South*, as follows:

First Honor—Gold medal, value \$50, offered by the Faculty for the highest aggregate examination, and was awarded to Dr. F. H. Sims, of Georgia.

Second Honor—Gold medal for next highest, by the Faculty, and was awarded to Dr. M. R. Toland, of Texas.

3. Gold medal offered by Prof. T. S. Rowell, for highest examination in Obstetrics and Diseases of Women and Children, was awarded to Dr. F. H. Sims.

4. Gold medal, by Prof. G. G. Crawford, for highest examination upon Chemical, Operative and Scientific Surgery, was awarded to Dr. J. H. Alley.

5. Gold medal, by Prof. W. D. Bizzell, for highest examination upon the Principles and Practice of Medicine, was awarded to Dr. C. B. Thomas.

6. Case containing Hypodermic Syringe and Clinical Thermometer, for highest examination in *Materia Medica and Therapeutics*, by Prof. G. G. Roy, was awarded to Dr. Jefferson Wilcox, of Georgia.

7. An Ophthalmoscope, for highest examination upon *Diseases of the Eye, Ear and Throat*, by Prof. A. G. Hobbs, was awarded to Dr. C. B. Thomas.

8. Medical Case, by Prof. R. C. Word, for highest examination in *Physiology*. Awarded to Dr. M. R. Toland.

9. A case of Instruments, by Prof. Wm. Perrin Nicolson, for highest examination upon *General and Descriptive Anatomy*, awarded to Dr. M. R. Toland.

10. Chemical Set, by Prof. Burns, for highest examination in *Chemistry*. Awarded to Dr. F. H. Sims.

The benediction was pronounced by the Rev. Mr. Chaney.

Wurm's orchestra discoursed sweet music at intervals.

The ladies manifested great interest in the exercises, casting bouquets to the graduates and warmly participating in the plaudits of the occasion.

EDITORIAL NOTICES.

UNITED STATES DISPENSARY.—See announcement of the last edition of the United States Dispensary in this Journal.

PROF. THAD. JOHNSON, who has been long confined to his room with a severe nervous affection, is, at this writing, reported better, and his friends are hopeful of his recovery.

LACTO-PHOSPHATES.—Examine the new advertisement in this issue of a preparation prepared by Dr. Wheeler, of Montreal, Canada—*Elix. Ferri et Calci Phosphate*.

ANATOMY IN THE SOUTHERN MEDICAL COLLEGE.—The facilities for the study of Anatomy in *The Southern Medical College*, Atlanta, are of a superior order—cannot, indeed, be surpassed in any Institution.

LISTERINE.—See new advertisement of Lambert & Co., Manufacturing Chemists, St. Louis, in this Journal. Listerine, as prepared by this house, is having a fine run, and is coming into general use as an antiseptic preparation in surgical and obstetrical practice, etc.

DEATH OF A. H. STEPHENS, GOVERNOR OF GEORGIA.—At a late meeting of the Board of Trustees of the Southern Medical College, Atlanta, very strong resolutions were adopted as a tribute to MR. STEPHENS, who was a member of the Board and a warm friend of the Institution. He was truly a great friend and patron of Education, himself a profound scholar—a wise philosopher, a great statesman; and in all respects, a great and good man.

MEDICAL ASSOCIATION OF GEORGIA.—Remember, the State Medical Association meets the present year on the third Wednesday of April, at Athens, Georgia.

Dr. R. M. WADE, Secretary of the Committee of Arrangements, at Athens, writes: "That the court-house has been selected for the

place of meeting of the Georgia Medical Association. Board at the two hotels reduced to two dollars per day.

"The programme of business and entertainment will be issued as soon as the arrangements have been perfected. We are working to make the visit of the Association pleasant as well as profitable."

THE LOUISIANA STATE MEDICAL SOCIETY,

Which held its last meeting in New Orleans, March 30th, 1881, and which adjourned to meet at the same place in March, 1882, but which failed to make the last appointment by reason of devastating floods, has by consultation of the officers, been appointed to meet in the city of Shreveport, on Wednesday, the 4th day of April, 1883.

The same officers and committee last elected hold their positions under the constitution. The above item of information was kindly furnished us by A. A. Lyon, M. D. President.

BOOK NOTICES.

MANUAL OF GYNECOLOGY: By D. Berry Hart, M. D., F. R. C. P. E., Lecturer on Midwifery and Diseases of Women, School of Medicine, Edinburgh; late Assistant to the Professor of Midwifery, University of Edinburgh; late President of the Royal Medical Society, Etc.; and A. H. Barbour, M. A., B. Sc., M. B., Assistant to the Professor of Midwifery, University of Edinburgh; late President of the Royal Medical Society. Vol. 1. with Eight Plates and one hundred and ninety-two wood cuts. New York: William Wood & Co., 1883.

The above work contains 313 large octavo pages, and is beautifully—even fancifully bound. The typography is excellent, the illustrations many and beautiful.

The author states that he has tried to observe the principle "that the Anatomy, Physiology and Pathology of the pelvic organs form the foundation of good Chemical work. As students, we feel the want of a text-book based on this principle and embodying the most recent views from the various literatures," etc. We regard this as an admirable work, and well up with the times in the special department of Gynecology.

UNIVERSALISM AGAINST ITSELF—Revised Edition. A Scriptural Analysis of the Doctrine. By A. Welford Hall, Ph. D. New York: 23 Park Row. Hall & Co. 1883.

This we regard the ablest and most thorough refutation of the doctrine of Universalism which has ever been published. Every text and every possible argument which has been urged on behalf of the doctrine of Universal Salvation has been successfully met. Upon one point only we cannot go with the author, and that is his position touching the foreknowledge of God, in which he holds that God has and exercises the power of withholding His knowledge of future events, or chooses not to foreknow all things; yet we concede that he makes this point more plausible than at first thought seemed possible. Upon the whole, the book is a remarkable one, and should be read by all who desire information upon the subject of Universalism. It is truly Universalism against itself. Those who have not been refreshed by reading the author's work called *Problem of Human Life*, will find the chapters in the concluding part of the present work, on "The Immortality of the Soul," not only novel but exceedingly instructive and interesting.

RECEIPTED.

1883.—Drs. J I Grover, S W Eaton, W T Kendall, M W Speer, W P Walker, J C Smith, J P Allread, J W Albert, E Van Goidtmanoven, J L Richards, D R Norman, H W Kennerly, D B Searoy, Jno H Young, T J Jones, J H Boggan, W E Quinn, K H Davis, N B Warren, D E Ruff, J M Boring, R Fox, J F Davis, E H M Farrham, A C Fox, to Sept. '83; C F Sanders, C B Thomas, C M Gibson, I N Goss, to July, '83; A G Grove, to July, '83; G Wright, to July, '83; A R Jones, to July, '83; J M Boring, 1882; J L Carothers, J P Stevens, H L Sutherland, J B Bailey, J W Sanders, 1882; K W Rea, 1882.

SPECIAL NOTICES.

PARKE, DAVIS & CO.—This magnificent Drug establishment, located at Detroit, Mich., have, by unremitting perseverance and faithfulness in all their business interests, obtained the confidence and good will of the medical profession throughout the entire country. They have accomplished much for the progress of Medical Science and largely benefitted mankind by the introduction of new and important Drugs. They are entitled to the thanks of the Profession, and justly deserve the high reputation to which they have attained.

PHILADELPHIA, PENN., December 22, 1882.

An analysis of seven samples of Quinine Pills, obtained without knowledge of the manufacturers, was made and published in the American Journal of Pharmacy by me, and those made by William R. Warner & Co., were found to be correct as to quantity and purity of Quinine.

HENRY TRIMBLE, *Analytical Chemist.*

CELERINA.—Dr. Pierpol, of Knox county, Illinois, says: I am using CELERINA, which, in my opinion, and it is backed up by experience in its use, I think it stands at the head. It certainly is the best thing I have ever used as a nerve, and whenever a nervous, hysterical woman (or man either) comes to me for treatment, CELERINA is the main thing I prescribe.

PROF. JAMES M. HOLLOWAY, M. D., of Louisville, thus refers to LISTERINE:—"My brief experience with LISTERINE has been satisfactory. One case of very obstinate and offensive nasal catarrh has been much benefited by its use, after various other well-known remedies had been tried in vain. An aggravated case of diphtheritic sore throat was attended by such intense nausea and pain that other remedies could not be swallowed, and other gargles could not be tolerated. The LISTERINE was given, and not only retained, but followed by amelioration of the distressing symptoms. As a dentifrice it is not only effectual as a cleanser and sweetener of the mouth, but it is decidedly pleasant in taste.

McKESSON & ROBBINS.—This great Drug Establishment of New York, has a wide and long established reputation as reliable and eminently successful business men. Their various preparations are of acknowledged excellence and purity, and are unexcelled for the neatness, taste and beauty with which they are presented to the trade. See their advertisement opposite 1st page of reading matter in this Journal.

Livermore Stylographic Pen.—The *Chicago Advance* says: A fountain pen that always writes and never "leaks," that makes a fair, plain line, and never blackens the fingers, and that, once filled, can be used for days without change, avoiding all the bother and interruption of reaching over to the inkstand for a fresh dip every two minutes, that can be carried in the pocket, and is as handy for use, and as neat as a lead pencil, and that writes on any paper, however thin or soft; such a pen is worth having. And such a pen is the "Livermore Stylographic Pen." This we know from personal use. Price, \$2.00. Address

STYLOGRAPHIC PEN CO., 209 Washington St., Boston, Mass.

FARMERS and others desiring a genteel, lucrative agency business, by which \$5 to \$20 a day can be earned, send address at once, on postal, to H. C. WILKINSON & CO., 195 and 197 Fulton street, New York.

More of **ELLIOTT'S SADDLE BAGS** are sold than all other patterns combined. One thousand have been shipped to different parts of the country since January 1st. The proprietor invites a thorough investigation and comparison of every Bag in the market. The U. S. Government did this in 1879, and adopted the ELLIOTT. Doctors that do the same thing get the standard article. Send for circular to

A. A. MELLIER, 709 Washington Avenue, St. Louis, Mo.

Pinus Canadensis.—DEAR SIR—Your Kennedy's *Pinus Canadensis* has answered an admirable purpose in two cases of catarrh of the bowels, and I want more immediately, and now ask that you send me half-dozen bottles by first express.

W. N. CLINE, M. D.

T H E

Southern Medical Record:

EDITORS:

T. S. POWELL, M.D. W. T. GOLDSMITH, M.D. R. C. WORD, M.D.

R. C. WORD, M.D., Managing Editor.

~~For~~ All Communications and Letters on Business connected with the RECORD must
be addressed to the Managing Editor.

VOL. XIII. ATLANTA, GA., APRIL 20, 1883. No. 4.

ORIGINAL AND SELECTED ARTICLES.

DIPHTHERIA—TREATMENT OF.

BY ADDISON C. FOX, M. D., OF MARYLAND.

I deem it my professional duty to give to the public the following remedy for diphtheria. This remedy has not failed me, nor two other physicians to whom I gave the recipe, *in a single instance*, although since we commenced its use, about six months ago, we have treated a large number of cases—mild, malignant, and some complicated with croup and scarlet fever. Believing that the false membrane in diphtheria is alive with *bacteria*, and that even a weak solution of mercury or thymol would destroy them in a short time, I prepared the following gargle:

R Hydr. bichloridi..... gr. j. (1)
 Thymol (crystals)..... gr. ss, ($\frac{1}{2}$)
 Alcohol..... $\frac{3}{4}$ ii, (2)
 Tr. phytolacca dec..... $\frac{3}{4}$ ss, ($\frac{1}{2}$)
 Aqua dest... .. $\frac{3}{4}$ xiv (14)

M. Sig. To be used freely as a gargle every one, two or three hours.

I have often seen the false membrane disappear in twenty-four hours, under this treatment, (before the bacteria could enter the blood) and seldom later than forty-eight hours. I give internally, for the blood poison, to clean the tongue and promote the proper

absorption of food, simply the tincture of baptisia tinctoria in one drop doses in a teaspoonful of water, every hour or two. I also give freely a diet of milk, cream and beef essence, and milk toddy, if needed, and insist on free ventilation and the use of disinfectants.

When the child is too young to use the gargle, I make a mop by tightly tying absorbent cotton to a pen-handle or stick, or rolling it in the dry powder until covered, and then applying gently and carefully to the membrane in the throat, three or four times daily. The powder is prepared as follows :

R Hydrarg. bichloride gr. j,
 Sacchari lactis..... 3 i-3ii,
 Ol. menth. pip..... gtt. ii.

M. This powder must be applied *dry* with the *dry* mop, renewing the cotton each application.

I also send the following remedy for "Membranous Croup," which, in a practice of over twenty years, I have never seen equalled :

R Pulv. sanguinaria rad..... 3 j.
 Acid acetic dilut..... 3 viii,
 Aqua destil..... 3 viii.

Mix and let stand seven days, then filter, add two pounds white sugar and boil until the sugar is dissolved. Strain the syrup and to each ounce add tinc. aconite root and tinc. iodine of each one drop. Give one-half teaspoonful, to a child one year old, every half hour until relieved. This syrup is also useful in diphtheria.

SOME PRACTICAL FACTS RELATING TO THE TRANCE STATE IN INEBRIETY.

By T. D. CROTHERS, M. D.

In 1877 my attention was called to an inebriate who while sober had purchased a trotting horse, paying a fabulous price, giving a note of hand in part payment. Two days after, he denied all knowledge of the transaction, and became involved in a legal contest. On the trial it appeared that the purchase of the horse had been discussed for a day or more, and that he had exhibited unusual sagacity and judgment to avoid deception and protect himself. Also that, although drinking large quantities of spirits, he gave no evidence of other than good judgment, and perfect knowledge of his acts and their consequences.

In the defense it was shown that the purchase of the horse was a most unusual act; that he rarely ever visited the race course; was

afraid of driving fast horses; never took any interest in racing; had many horses of his own; and lastly, needed the money paid for this horse for another purpose which had been determined before. From his own statement he had many blanks of memory while drinking, and at this time he lost all recollection of passing events from the hour of dinner, during which he drank freely, until the second day after, when he awoke in his store, and supposed he had been asleep a short time. His family were sure that in these blank states they could recognize a dullness of mental action and a general abstractedness of manner not common when sober. He could not read in this state, and seemed incapable of fixing attention on the conversation for only a few moments at a time.

The suit went against him, and soon after he came to the asylum for treatment. His inebriety grew out of inheritance, overwork, and bad nutrition, and was noted for periods of continuous drinking and free intervals of sobriety, both of which were irregular, and not prominent in any particular.

From inquiry I was surprised to find that these blank states were not uncommon among inebriates; that nearly every case gave a history of loss of memory and consciousness of acts committed while using spirits to excess. In some cases this blank was total and remained so ever after; in others it was partial and cleared up after recovery. Acts committed during the delirium of intoxication, or in mental states approaching this, or stupor, would not be remembered, for some time after, but would gradually be recalled until it was all clear. In other cases this blank of memory would remain like a cloud for weeks, then all at once, from some little circumstance, break away, and every act be perfectly clear.

These freaks of memory, (so called), following excess of alcohol, are almost infinite in variety and complexity, and are very significant when studied carefully. Where the blank is total, and remains so, during which the person acts more or less rationally, and never after is able to recall any recollection of it, it is called a trance state.

In all probability this is a suspension or paralysis of certain brain functions, or as Dr. Beard believes, a consciousness that is not rememberable. In other words, the person in this state acts as if he was in full possession of all his brain powers, and yet the memory does not record it for future consideration. He is for the time being an automaton,—acts and apparently reasons from some unknown stand-point.

Whatever the pathology may be, it is clear that the mind in this state is a mental waif, subject to every passing influence, both from disordered states within and without.

From my experience this state is very common in inebriety, and closely associated with many of the criminal and insane acts committed at this time.

As in all other new phases of science, there is a psychological element, which must be understood before its mysteries can be cleared away. Take any case of a chronic inebriate seen on the streets, and study the operations of his mind and the nature of his

actions, while under the influence of alcohol, and this element will be clear.

The inebriate suffering from excess of alcohol has always a disorganized brain power; various governing centres are suspended, mental and physical incoordination is present, and he is literally unsound, insane, and irresponsible.

If the trance state is present, he is a dangerous automaton, moving along certain fixed lines of conduct, or acting in obedience to unknown forces which may change or vary any moment.

Thoughts and impulses suggested by deranged organs, or coming from the past, may suddenly concentrate into action, irrespective of consequences. Both subjective and objective states, influenced by conditions of health and brain power, may develop into deeds that are practically unknown and unrecorded by the higher brain centres.

The strange, unaccountable acts of the inebriates who are not stupid or delirious, have been attributed to vice and low moral conditions. Yet a study of these cases reveals an absence of purpose and motive, and a class of actions that are devoid of all sense and common reason. For instance, a man who was an inebriate, while drinking and apparently conscious, sold out his farm at a very low rate. He had no recollection of this event, and there was no reason or motive for doing it. In one case a man forged a note and drew the money on it, while drinking, without any object or motive. He had no recollection of this, and had money at his command, and no possible use for the other funds.

In another instance a man in this state offered violence to his father and mother, and was thoroughly unconscious of what he had done. These cases can be multiplied to almost an indefinite extent; and beside having no recollection of the act, they are marked by an absence of all reason or purpose, that indicates their real nature. They are not alone confined to cases of inebriety, but are seen following blows on the head and shocks from traumatism, either physical or psychical. The following cases are marked instances:

A leading physician was rendered insensible by an injury from a railroad accident; he recovered, went about assisting the wounded, was finally sent home, and regained consciousness, or apparently woke up, thirty-six hours after, having not the slightest recollection of anything which had happened from the time of the accident, in which he was precipitated to the bottom of the car.

A surgeon in one of the large cities was thrown out of a carriage, striking on his head, and was unconscious for a few moments, got up and went to a hospital, wrote many prescriptions, directing the surgical dressing in several cases, came home and laid down, sleeping and drowsy for twelve hours, then awoke, having no recollection of all the time from the moment of the accident.

In these cases there was a trance state following the injury, although there were no signs of this in the manner or actions of the persons. In inebriety such cases are those in which the mind

moves along accustomed lines of thought and action, following some plan which has been usual or common in the past.

Epilepsy, insanity, or the emotions powerfully excited, may be, and often are, followed by these automatic phenomena. Instances of such cases are to be found in all medical literature relating to mental diseases, although not recognized by this name or understood. In inebriety there is a peculiar disposition to develop this form of mental disturbance, and its full recognition will mark an era in the progress of science. It is always found associated with a peculiar neurotic condition, either induced by alcohol or existing before alcohol is used. It is also seen most frequently in chronic cases.

The practical facts which should be noted are not only to determine the presence of inebriety in a given case, but to study the character and nature of the mental state, and the actions which result from it. No one who uses alcohol to excess can be of sound mind. There are always instability and perversion of mental activity, as well as defective brain power.

The higher brain centres governing the relations of life are disorganized, and morbid impulses of any kind are likely to take possession and guide mental activity. No one can draw dividing lines where normal reason is lost in cloudy, unstable action.

When the inebriate, by his manner and conduct, exhibits manifest hallucinations, delirium, and unnatural stupor or excitement, it is not difficult to recognize the mental disturbance. But when his action and manner are along the line of natural, every-day life, although he may be using alcohol to excess, and claims to have no recollection of what he has been doing, the case should receive the closest scrutiny.

When a drinking man, not stupid or delirious from alcohol, but known to be using it all the time, commits an extraordinary or unusual act, not in accordance with any reasonable motive or purpose, and afterwards denies all recollection of what he did, the possibility of a trance state is very strong.

It has been well established that inebriates have, through some motive of their own, or by the persuasion of others, deliberately used alcohol for the purpose of giving them some power to commit crime; also hoping by this means to shield themselves from the legal consequences of their acts.

These cases are marked by either an unreasoning frenzy or a cool deliberation that is foreign to the man in his natural condition. The following case was very prominently discussed a few years ago. A mild, quiet man, who was a continuous drinker, and had never been known to do a violent act, committed a most aggravated murder of a man, who was on the best of terms with him, and for no visible purpose. He denied all knowledge of the act, and died in prison before his execution, from consumption following excessive grief. Some years after it appeared that after drinking a certain amount he was unconscious of the nature of his acts, but could be influenced by any strong will, and had been often persuaded to do certain things that were not natural in his sober moments.

It also came out that this murder was planned and urged by two men, who were fully aware of his condition of oblivion to the nature and consequences of his acts; that by continually plying him with spirits, and urging this act, it became impressed on his cloudy brain, and was carried out. This was a condition of trance, which had been noticed and taken advantage of by the real perpetrators of the crime. I am convinced that much of the purposeless crime committed by inebriates, which puzzles both courts and juries to explain on any reasonable basis of human conduct, originates in the trance state. Such cases are never studied, and are unknown, and the legal efforts to remedy them by punishment literally precipitate them lower, and make recovery more and more difficult.

In an article "On the Trance State in Inebriety," read before the New York Medico-Legal Society, last year, I have detailed some very significant cases, showing the necessity of careful study of all these cases, by competent men, before the nature of responsibility in any case can be determined. The plea of no recollection or memory of the act or event urged by the inebriate is always a physiological and psychological possibility, which can only be settled by a careful study.

So far my studies have indicated that the trance state in inebriates is marked by two forms of mental action that can be determined clearly; one in which the mind in this state moves along certain familiar lines of action and follow some purpose which has been previously fixed, all of which appears natural and reasonable. The second form is where a new line of thought and action appears, unusual and foreign to his every-day life—often impulsive, inconsistent, and yet seemingly one which he is fully conscious of, and if questioned at the time, may give reasons that seem to justify his conduct.

In both of these forms, sudden changes may occur. Emotional disturbances may precede this state, or appear coincidently with it. The senses are dulled and enfeebled, or intensified in certain directions, and impulses of any character may appear without premonition, like a flash of light, and disappear the next moment.

Every physician should be able to recognize these states, and study their meaning, both medico-legally and physiologically. In all probability medical interference in cases of supposed trance, in the form of an emetic or cathartic, or in the shape of a counter-irritant, would restore the normal recognition of environment, and save the patient untold suffering. The subject of inebriety must be studied above the dogmas of theologians and reformers, from the standpoint of science. It is purely a medical subject, and theories based on any other study are always "confusion worse confounded."—*Med. and Surg. Rep.*

A FRENCH photographer has invented an instrument for taking instantaneous negatives of birds and insects on the wing. It is an instrument somewhat resembling a gun, which is pointed at the flying creature.—*Ex.*

HYPODERMIC USE OF STIMULANTS.

BY T. CURTIS SMITH, M. D., AURORA, INDIANA.

The value of this method of medication in general, stands unquestioned by the great mass of intelligent practitioners.

Twenty years ago, it was unheard of, except by a favored few; now its use is almost universal in the regular ranks of the profession. To deprive us of the hypodermic use of remedies, would be to take away one of our most powerful and effective plans of meeting and combating many forms of diseases or intercurrent complications.

But we do not propose to speak of the general applicability of this plan. Almost every one knows that morphia is discharged from the hypodermic syringe into the tissues of the human body, with, perhaps, greater frequency than all other therapeutic agents combined. To tell the story of such use of the agent would be but thrashing old straws.

Of the general use of stimulants, hypodermically, less has been written, and possibly less known.

Very often, from the collapse of shock or injury, the sudden onset of some violent disease, the collapse of a heart-stroke, or that which announces the threatened final dissolution from some low form of disease, we feel the need of a rousing stimulant. The demand is imperative. The case is often clearly such that if we can tide it over the present critical state, we may feel assured that it may recover.

But the stomach may be irritable and reject all that is put into it. The nervous depression may be so great that the stomach refuses to absorb quickly—because the nerve centers are paralyzed—stunned. Any stimulant thrown into it is not soon taken up. Its slowness of absorption—almost total inaction—in such states of the system, is well known. Often, to wait on its tardy motion, is to only wait for the pale messenger. By the rectum, the method is no better. It may or may not be retentive. So also the stomach may be full of food, or the food may be fermenting instead of digesting—souring—and utterly refuse to perform the functions as promptly as needed to save life.

What shall we do? Stand still and see precious time go by, and death come without a resisting effort? By no means! In many cases, it were useless to do otherwise than simply seem to do something until death has completed its work, because we cannot do more than this. But very often the case stands otherwise, and here the value of stimulants comes to our aid by the hypodermic method. Morphia may often be our best stimulant, especially if the depression is largely the result of pain. Combined with atropia, it is often a most powerful stimulant to the circulation and respiration. For instance: I well remember the case of a youth who seemed to be suffering total collapse from an injury received by reason of an explosion of a steam boiler. His friends said:—"Let him alone; he can but die, and we would not add to his sufferings!" I injected a stimulant dose of morphia—he rallied a

little—I repeated the dose. The collapse was soon overcome, and he finally made a good recovery. This patient could not swallow, could scarcely breathe, was pallid and cold, yet under morphia, in stimulant doses, twice repeated, rallied and finally recovered.

I have seen quite a number of similar, though less severe cases, rally in a similar manner under the use of morphia, and I think better under morphia and atropia combined.

Recently I was called to a case presenting all the symptoms of sporadic cholera. I do not mean ordinary cholera-morbus. There were the rice-water vomiting and stools, the cramping depression, cold extremities, livid hands, pinched face, etc. To give any remedy by the stomach only increased the vomiting. The case seemed to tend to a rapid fatality. A resort was promptly made to the hypodermic use of morphia and atropia, followed quickly by whisky, and finally of sulphuric ether. Of the whisky, many syringefuls were used, and in the course of two hours several syringefuls of sulph. ether. Ammon. carb. in solution, was given by way of the stomach, sinapisms and heat were used externally. The hypodermic use of the stimulant was all that seemed to produce any noticeable effect; the response to sulphuric ether being far more marked than from any other agent.

Possibly this case might have recovered by other means than the hypodermic syringe; but I do not believe it. I think, now, that it was a mistake to use the alkaline carb. ammon. internally, and it would have been better practice to give arom. sulph. acid freely, well diluted, for reasons every one must know on second thought.

Again, I was called a few years ago to a case of cholera; found it in the algid stage, with death near at hand. Some prompt measure of stimulation must at once avail for him, or he would succumb speedily and surely. Everything swallowed had been rejected; not even a teaspoonful of water could be taken without provoking emesis. A hypodermic injection of 1.30 grain of atropia was given. In a half hour, the skin began to warm up, and became florid. He could retain water, and in a short time retained fluid food. He rallied promptly and recovered. A very competent physician had used his endeavor to rally him, and so far had utterly failed. The hypodermic stimulant had roused his nerve centers, especially those of respiration and circulation, and this secured better general vital action and a start toward recovery.

I have seen cases of very severe cholera morbus that would have had a sure but slow re-action from prostration, brought quickly up by the hypodermic use of atropia.

But in the use of this agent, one must be careful not to overdo the matter. No case demands the 1-30 grain at once, unless the prostration is extreme, and a very powerful appeal to the controlling nerve centers must be had immediately in order to save life. This dose should not be repeated in any case, unless it be one of opium-poisoning, and then very cautiously. A too long-continued or too powerful stimulation with atropia, brings a secondary depression of the nerve centers that will quite certainly prove fatal.

We have a most powerful remedy in whisky for hypodermic use. This may be given alone, or combined with carbonate of ammonia. The whisky alone rarely causes any ulceration; but combined with ammonia is very liable to do so, if there is more than about a grain to a drachm. A half grain to the drachm is enough, and then, if needed, several syringefuls can be given at different points.

A weak, aqueous solution of carbonate of ammonia is also a very powerful stimulant, and will be available to counteract conditions of depressions from shock or disease.

In December, 1881, I attended a case of typhoid fever where the depression became so great that the youth was thought to be dying. He was insensible, and the pulse barely perceptible, respiration irregular and shallow, feet cold, etc. I thought the case quite hopeless. He could not swallow, and a little water put into his mouth threatened suffocation. Injected several syringefuls of whisky, with as much carbonate of ammonia as it would hold in solution. In a little time, the pulse began to fill up, the skin assumed a better color, feet warmed, and he became able to swallow. From that time, he was treated to the free use of stimulants by the stomach, though he had had these before, and made a good though slow recovery. There were two ulcers at points where the hypodermics were used, but I thought these were better than the funeral which seemed to stare us in the face at one time.

I wish to refer more especially now to the hypodermic use of sulphuric ether as a stimulant. I have never known it to produce any ulceration or evil effects whatever, though it may produce abscess, or be given in such quantities as to overwhelm the brain, and result badly, just as an overdose by the stomach would readily and quickly do. I know of no agent we can place under the skin that will so promptly and surely bring a cardiac and respiratory response as sulph. ether in about a thirty minim dose. This can be repeated in a half hour if needed, and in very urgent cases the dose may be larger. The immediate local sensation of a hypodermic injection of this agent is often like that of a quick stroke of the actual cautery. This passes quickly away. In many cases, no such sensation is felt. The next noticeable effect will be that as Dupuy says: "The pulse rapidly gains, both in fullness and strength; the heart beats—scarcely perceptible—become more distinct; often, after one or two injections, cyanosis and collapse disappear, and the patient awakens from a condition which was considered desperate."

After very great hemorrhage, Dupuy, of France, Hecker, of Germany, and Parvin, of Indianapolis, speak highly of its use in the low prostration resulting from puerperal hemorrhage. The first named commends it highly in collapse; from almost any form of hemorrhage or shock from injury or disease.

My own limited use of it by this method teaches me that in sulphuric ether, hypodermically used, we have a most powerful and fairly safe remedy, in a large proportion of cases, where an immediate and very prompt stimulant is demanded, and where the same is not practicable to give by the mouth. It is less apt to produce abscess than ammonia; more prompt in its effect than whisky

alone, or combined with ammonia. Whether it will be equal to, or better, than atropia, in the profound collapse of cholera and like diseases, I cannot say from experience.—*Western Medical Reporter*.

VARICOCELE.

BY A. J. HOWE, M. D.

So variable are the opinions at present prevailing in regard to the treatment of varicocele, that I am induced to reiterate what I have said in other places, and to add what a more extended experience has thrown in my way. In a late issue of the *Cincinnati Lancet and Clinic*, Dr. Dawson, a surgeon of excellent attainments, urges the necessity of excision (castration), and denounces more conservative means. Others of equal eminence advise ligation of the tortuous veins, either openly or subcutaneously. Ingenious are the methods devised to strangle the varices, yet all are attended with some risk through phlebitis and abscess.

I will remark incidentally that not one case of varicocele in a hundred needs other treatment than an efficient suspensory bandage. In some instances the use of astringent washes contracts the scrotal integument, and thus results some benefit. It is a professional mistake to advise severe and dangerous treatment for a defect that is scarcely inconvenient.

A slight degree of varicocele exists in every man. The venous dilatation comes from a disadvantageous vascular arrangement on the left side of the genital and urinary apparatus. The left emulgent vein is obstructed by the pressure of the abdominal aorta; and the spermatic vein is not valved at its confluence with the emulgent.

Sometimes the varicose state is seen in the left leg, in the scrotal integument, and in the skin of the abdomen. The left iliac vein is not as well emptied as its associate on the opposite side. Young men, finding the spermatic cord enlarged, or its walls distorted with coils of tortuous and dilated veins, are apt to suppose that a serious lesion exists, and to think that an advertising doctor is the most likely to save them from impotence and degradation.

How much unchaste practices may have to do with varicocele I am unable to say. However, I think they have less influence over the origin and aggravation of the disease than is generally supposed. It is senseless to accuse a young man of illicit practices because a pronounced degree of varicocele is present. The most prudent of men may have troublesome varices of the spermatic cord.

It has been observed that those males who possess pendulous scrotal pouches are the oftenest afflicted with varicocele; and that the affected testis has a long cord, and hangs correspondingly low, the organ resting on its side in the bottom of the scrotum. In not a few instances the epididymis is covered with varices, and the testicle seems diminished in size. In such cases the individual

suffers from shooting pains in the cord, and dragging sensations in the testicle and inguinal region of the side affected.

As has been intimated, an efficient suspensory apparatus, which costs a dollar or two, and is for sale by all apothecaries, will afford the relief needed in the majority of cases. But aggravated forms of the disease present themselves. Such are to be operated upon if the possessor demands a radical cure.

There is a moiety of danger in the operation, yet not enough to deter the surgeon from entering confidently upon its execution. The patient should be anæsthetized to a degree of insensibility, and then the operator seizes the disordered testicle and cord in his left hand, and his right, holding a scalpel, make a free incision along the course of the cord, the cut beginning an inch below the spine of the pubis and ending near the epididymis, the knife dividing the dartos. The dilated and tortuous veins bulge into the wound, where they may be excised with sharp shears or large scissors. As soon as a plexus of varices is removed, the veins of the cord are scarcely seen. The blood flows out of them, and their walls collapse. The next step is to excise a liberal amount of scrotum on that side. The fault is not in taking too much, but in removing too little. After all cutting is over, the borders of the scrotal wound are to be joined by the use of a glover's needle, and a fine silver wire utilized as a thread in common sewing. The over-and-over stitch is the one to be employed. At the end of two weeks the loops of the wire may be clipped with scissors, and removed in segments. The wound is to be dressed daily with "boro-glyceride with thymol." The suppuration will be moderate, and the pain readily endurable. No hemorrhage of a startling nature need be apprehended. Sometimes in operating the testicle gets liberated from its vaginal tunic, and tumbles about freely. Such a complication should be avoided, yet I have not known the accident to result in harm.

After the healing process is complete, the testis hangs high, and does not drag on the cord. In fact the traumatic surfaces of the cord and scrotum rest in contact, and join during the reparative activities. A suspensory may be employed for a few weeks or months, yet it is not necessary.

I have operated in the way described dozens of times, and in no instance with bad results. The procedure is not as dangerous as castration, and the functions of the testicle are fully retained.

I may remark that the hair in the vicinity of incisions should be snipped off to avoid their getting into the wound, and by their presence preventing union by the first intention.

I should say that I do not remove the varices so completely or thoroughly as in former operations. I have found that the excision of a few loops will do, especially if a generous supply of scrotum be taken away.—*Eclectic Med. Jour.*

A BOTTLE of fifty gallons' capacity, the largest ever blown in this country, was lately made at Millville, N. J.

CARE OF THE PUERPERAL BREAST—GAUNT.

From American Journal of Obstetrics, October, 1882.

The cursory treatment of this subject in the text-books justifies the complaint of the author of this paper in his charge against writers on obstetrics of neglecting the subject of every-day interest to the general practitioner, and giving large space to the major operations. All will acknowledge the importance to both mother and child of healthy breasts that perform their functions well, thereby contributing to safe nourishment of the child and developing the material instincts and affections of the mother. You can appreciate the moral suffering of the delicately organized and sensitive mother who is compelled to surrender the charge of her children to the care of another, or what is worse, subject them to the dangers of artificial feeding. The form and minute anatomy of the breast being studied, the author then discusses the puerperal breast with indications for treatment, under the following heads:

1. A deficient secretion of milk.
2. A secretion of impaired quality.
3. An excessive retained secretion.
4. An obstruction to the removal of the fluid.
5. Galactoele.
6. Inflammations.
7. Mammalgia.
8. Affections of the nipple.

And then treats of each of these in detail the cause, progress, prognosis, and treatment:

First. A defective secretion may be due to lack of mammary development, this may be encountered in either extreme of age. Preparatory treatment is suggested during gestation. Avoid excess of fat, and with this in view the physician should correct the popular idea of furnishing the patient with that class of diet which produces excessive fat, at the same time avoid the other extreme, which may sometimes exist from the woman's inability to digest well during gestation.

The general measures for increasing the flow of milk are therefore those constitutional means which have the power of increasing glandular activity and are (a) a dietary presenting an excess of nitrogenous food principles, and (b) systematic exercise regularly taken. Medicines recommended to increase secretion of milk are as fallible as they are numerous. To improve the local tone of the gland skillful massages are strongly urged. This should be regularly employed night and morning. Special attention should be directed to the nipple. They should be rendered prominent and hardened by being pressed between the fingers, and well drawn out. As a medicinal application the following is recommended:

Acid tannic.....	4 drachms,
Glycerine.....	1 ounce,
Aqua ad.....	2 ounces.

This strong solution of tannin acts differently from the weaker combinations of tannin and glycerine, as it actually tans the nipple, making it tough, resolvent and incapable of inflammation.

The first few days after parturition are all important. The milk often diminishes, or ceases entirely during a rise in the mother's temperature, owing to a transient septic poisoning, intestinal disturbance, or other trouble. A permanent injury to the breast may result from neglect of care when the amount of secretion daily is quite irregular.

The writer wisely calls attention to the careless manner in which the infant is nursed. After the secretion is well established, during the first month, he says the infant should be nursed at regular intervals, about every three hours during the day, and double that period at night. Excessive secretion of milk, he says, is a trouble very easily controlled by diet, except where there is an impoverished condition of the milk from relaxation, which causes a passive transudation of the plasma of the blood through the epithelial lining of the acini. For this improve the quality of the milk, and the quantity will diminish in an inverse ratio.

He applies pressure by adhesive plaster, or by a binder, being careful to not compress the nipple. Where it is desirable to stop the secretion entirely, as where the child dies, he uses some compound of lead as the iodide ointment, or strong solution of the acetate.

An obstruction to the removal of milk is a fruitful source of trouble in dealing with the puerperal breast. Then rubbing should be resorted to, or an older and stronger infant applied. Care and skill is needed in the employment of massage.

It is around inflammation of the mammary gland that our especial interest centers. Not only is it a source of considerable mortality from sepsis, but when recovery does take place deformity may result, or the loss of that breast in subsequent pregnancies. It may occur as subcutaneous glandular or subglandular mastitis.

The first object should be to prevent suppuration. The breasts should be well emptied. Careful massage may stimulate the capillary circulation, and diffuse the local induration, or appliances of hot tincture of opium on absorbent cotton may act as a hot fomentation, besides the anodyne to control the pain. If suppuration is inevitable, then the two objects in view should be to hasten the healing process and to prevent scarring. The ung. plumbi iodidi serves a good purpose in many of these cases.

The abuse of the hot poultice in mammary inflammations is as inexcusable as it is general. While there are times that it serves a good purpose, it is evident that its entire omission would be less prolific of trouble than its indiscriminate use. Sulphide of calcium has been largely used to prevent suppuration.

A more careful study of this subject would evidently yield better fruit than the elaboration of Poro's operations, and other subjects of similar magnitude.—*Western Med. Rep.*

REVIVIFICATION.

BY S. WATERMAN, M. D., NEW YORK.

The following two cases are selected to show the necessity of making persistent efforts at revivification in cases of sudden death, especially from heart disease, as well as in cases of still-born children.

There is no doubt in my mind that in many cases of sudden death, especially from heart disease, prompt and persistent efforts to reanimate the apparently dead person may result in restoring life. It is probable that in many instances the heart's action may fail from transient causes; a dangerous syncope may supervene, and unless timely efforts are made, and proper measures are promptly resorted to, the person may pass from a state of suspension of vitality into the silent and lasting embrace of death.

A case in point happened to me in the month of February, 1880. Mr. B—, a gentleman of sound constitution, about six feet in height, springing from a healthy ancestry, aged eighty-four years, had an attack of senile gangrene in the inguinal region, two inches and a half in length, and one inch wide. The slough was in time thrown off, and healthy granulation filled the wound. A second attack subsequently, not quite so severe, destroyed a part of the integument in the umbilical region. Its cause and final cure was similar to the first attack. The third attack was in the great toe of the left foot. The entire toe perished, but a line of demarcation formed, the destructive process went no farther, healthy granulation formed, and the healing process progressed in the most healthy and satisfactory manner. Mr. B— suffered in addition from valvular disease of the heart, and likewise from Bright's disease (granular degeneration), probably in consequence of retarded circulation and diminished blood-pressure. One morning while I was sitting at his bedside, and in friendly conversation with him, he being to all appearance in a very happy mood of mind, he suddenly fell back, his eyes became fixed and glassy, a deadly pallor crept over his countenance, respiration and the heart's action ceased simultaneously, and death seemed to have carried him off suddenly and unexpectedly.

It was this suddenness of the event that impelled me to make efforts at revivification. Two nephews of Mr. B—, who were fortunately in the house, were brought under requisition, and under my direction systematic artificial movements were carried on for nearly thirty minutes. Then, to my unspeakable satisfaction, one deep inspiratory effort was made by the patient himself. Thus encouraged, we redoubled our efforts for ten minutes more; other inspiratory efforts followed in quicker succession, the heart began to respond, hardly audible at first, it required force and momentum; it could now be felt at the wrist; the deadly pallor passed away, the eyes lost their glassy, fixed aspect, sighs and groans could be heard; twitchings of the muscles of the arm and fingers

could be distinctly felt, and the rigidity of death made way for re-animated conditions.

He lay unconscious for more than ten hours, respiration being hurried, and breathing stertorous, the heart's action wild and irregular. During the night he was delirious and restless. Toward morning all outward symptoms subsided, and a quiet sleep followed the extreme restlessness.

When I saw him next morning, he sat up in his bed and partook of a good breakfast. Consciousness had returned, and all the life functions were in full operation. He died six weeks afterwards under symptoms of uræmic toxication. During these six weeks, up to the hour of his death, he had several other attacks—one very long and almost fatal—during which my son, M. W. Waterman, attended. Artificial respiration was resorted to with the same success.

CASE II.—Mr. E—— called upon me during the winter of 18—, to obtain a death certificate for a still-born child of seven months' gestation. I expressed a desire to see the child, and promised to visit him during the day. A midwife had assisted during the delivery. It was a cold stormy day, and 1 p. m. before I arrived at Mr. E——'s house. He lived in a low basement. Mr. E—— was a Hebrew, and according to Hebrew rites, the child had been laid upon a little straw upon the ground, and covered with a light black shawl. It had thus been lying since 5 a. m. As I was examining the child, I could detect some slight twitching movement over the region of the heart. I watched attentively, and observed the movement again. I had the child removed from the ground and placed upon a pillow on the table. The child was cold as ice but not rigid. I could detect no heart's sound, nor any respiratory murmur, but the muscular twitchings were very evident. I immersed the child in a hot bath, and initiated artificial respiration. Twenty minutes passed in this seemingly hopeless work. Then the child opened its eyes. A little more work and respiration began, laborious and interrupted at first, more normal by degrees. The heart's action came up in good style, and a human life was saved! The child thus saved is now one of the most accomplished violinists in this city.

The preceding cases are well calculated to rouse our most serious attention. How often has it been within reach of the physician thus to save life if but strict and critical performance of duty had been attended to! How often are certificates of death written out without first scrutinizing the body, and ascertaining, by all means at our command, whether death has really claimed his victim irrevocably!

Mr. B——'s case, especially, offers much encouragement to try revivification in sudden deaths, especially in heart disease. One case thus given back to life and light forms a recollection bright and pleasant upon the thorny path of a physician's life—*N. Y. Med. Record.*

DISLOCATION OF THE SHOULDER.

[A Contribution in Support of Kelley's Method of Reduction.]

Mrs. —, widow, charwoman, aged about 40, presented herself at the out-patient department, Toronto General Hospital, saying that some thirteen days previously, while returning from work in the evening, she had slipped and fallen and hurt her shoulder. At the time of examination there was no swelling nor bruising, but marked flattening of the left shoulder existed, with some prominence and marked tenderness beneath the coracoid process. The underhand motions of the arm were pretty free, and her hand could be placed on the opposite shoulder, and even on the top of the head with considerable facility. The surgeon's fingers could be readily made to explore the glenoid cavity, as the patient was thin, and the lower portion of the head could be felt in the axilla upon elevation and rotation of the arm. The free movement of the arm and the capacity to place the hand on the opposite shoulder and on the head were certainly unusual, but Dugas's test and the other evidences of luxation mentioned were too positive to be mistaken. There was no shortening of the limb. Reduction was first attempted by the method recommended by Kocher, at the late meeting of the International Congress in London. Kocher's method is as follows:

The patient is seated, with the surgeon on his left hand. The elbow-joint is first to be flexed to a right angle, and the joint firmly pressed against the side of the chest; then, while holding the elbow in contact with the body, the arm is to be slowly, gently and steadily rotated out until firm resistance is encountered; then, maintaining this rotation, the arm is to be raised forwards and a little in, and lastly, to be rotated in, and the hand brought towards the opposite shoulder. No anæsthetic is needed, and Ceppi says the method is especially valuable in old dislocations.

This was repeated a second time without avail. Kelley's method (which consists in placing the patient on a firm table of convenient height, lying upon the back so as to fix the scapula by the weight of the body, with the side of the luxation drawn well to the edge, while the surgeon extends the arm to a right angle with the body, and then places one of his hips against the patient's side well up in the axilla, and draws the extended arm around his pelvis, holding the hand firmly fixed upon his ilium, after which position is secured, he suddenly or slowly rotates his body on its vertical axis until his back lies parallel with the patient's side), was then tried, and with a minimum of effort was at once crowned with complete success, some tearing of tissue being plainly heard, and the head of the bone returning to its socket with an audible and sensible snap.—*Canadian Journal*.

THERE is eminent medical authority for the statement that unripe or very old potatoes contain a certain quantity of solanine. This may produce serious results, if the potatoes are boiled with their skins on, and if they are eaten in large quantities.—*Ex.*

TREATMENT OF PILES.

BY J. G. WESTMORELAND, M. D., ATLANTA, GA.

Considering the promptness and certainty of curing piles, by injection, it is remarkable that such a large number of cases should now exist. I once attempted to cure by ointments, ligature or the ecraseur. With these painful, tedious and uncertain modes of treatment, it is not strange that those thus afflicted should hesitate to be treated. I have now abandoned all other means and adopted the plan of injection which I advocated during my editorial connection with the Atlanta Medical and Surgical Journal.

I succeed in permanent cure by this method in less than a week, without pain, to any extent, or confinement to bed, necessarily. Why physicians generally do not adopt this plan and relieve the immense amount of suffering and prevent or cure the results of impotence and melancholy which so frequently follow, is hard to determine.

No claim is made to originality in this plan of treatment, but experience in its use has led to more speedy and certain cure than was had years ago. Carbolic acid, the great remedy for this disease, was at first used in a diluted form by being mixed with olive oil, and, even then, caution was advised by practitioners, lest serious results should follow. It is now known that the undiluted acid may be injected into the hemorrhoidal tumors, not only with safety, but with the effect of speedy and permanent cure.

During last year I was called upon to prescribe for a gentleman suffering very much from inflamed hemorrhoids. I hesitated to adopt the curative plan with such inflammation of the parts, but finding no relief from soothing applications for a day or two, with some misgivings, the injection of pure carbolic acid, at five or six points was made, with the effect of immediately lessening the suffering and of permanent cure of the piles in a few days.

Compared with the ligature and excision by the ecraseur, injection is perhaps not more hazardous, and infinitely less painful, and equally, if not more certain of cure.

The abominable practice of ligating is not only barbarously painful, but more tedious and dangerous than any other mode of treatment usually adopted. Non-medical men starting out as pile curers succeed in getting subjects willing to be tortured for ten or fifteen days by a cord around the tumors, and then pay largely for the fun. (?) This is because the people know nothing of a better plan

ABSTRACTS AND GLEANINGS.

Quackery Years Ago.—In a French work entitled "The Art of Medicine, or. The True Means of Succeeding in Medicine," published in Paris in 1843, we find the following amusing anecdote, which tends to show that the quackery of to-day is no new thing :

During a journey which Barthez was making in the South of France, he resolved to visit Bordeaux. Arriving in that city, he put up at the Hotel d'Angleterre, which was the rendezvous for all travelers of distinction.

The morning after his arrival, very early, his sleep was broken by a confusion and noise which was going on upon the stairs. It sounded like a crowd of people coming and going, ascending and descending without cessation. Barthez rose in haste, and quietly half opened his door to find out the reason of all this commotion, and to know if they were not patients who wished to consult him; they certainly were patients, but alas! they passed his door as if scorning him, and repaired to an apartment opposite his own, on which was a large placard above the door, bearing the inscription :

"CONSULTATION GRATIS!
MEDICINES ONLY CHARGED FOR."

Barthez closed his door in confusion; during the whole day, and the following one, the mob never ceased.

Lucky confrere! said he to himself; he takes them all, and does not leave even the most trifling consultation to a physician, who, without doubt, is in no sense his inferior (Barthez had good cause to pay himself the tribute). "Who is this man that is in such vogue?" he inquired of the servants in the hotel; the Doctor was only known there by name: his name was Dr. Laurent, and every one repeated it, "It is Dr. Laurent!"

One day Barthez being at the head of the stairs, his unknown confrere emerged from his apartment, muffled in a rich dressing gown and wearing a black velvet cap fringed with gold. He saluted Barthez humbly, who, utterly astonished, suddenly exclaimed: "What, is it you, Laurent?" In fact, it was Laurent, his old servant! "Yes, sir, it is I."

"But how? Since when? Who the deuce made you a Doctor?"

"You, sir; and I owe you my fortune. You remember, without doubt, that when I was in your service, I accompanied you everywhere, in your professional visits, and that you employed me to convey your opinions to your numerous patients. Well, I listened to all that you said, read all that you wrote, and with all this and the help of a few good formulæ, that I had stolen from you, I made a science of my own, which you see has produced me something handsome."

"You astonish me, Laurent; but your success surprises me still more; and I am so much the more astonished that I, who have

been here fifteen days, and whose presence in Bordeaux ought to be known, have not had a patient, while you ——," he added smilingly; "but what kind of a city is this?"

"It does not differ from others, sir, and fools are plentiful here, as everywhere else. Your assonishment, permit me to tell you, does not become a man of talent like yourself. Answer me: how many sensible people do you suppose there is in a population of 120,000 souls? 500? 1,000? 1,500? I will grant you 2,000. Well, these 2,000 are your property; but the remaining 118,000, who are fools, are mine, and you can look to them for nothing; Hence you need not be surprised at my numerous clientele."

Barthez reddened, said farewell to Laurent, and left Bordeaux the same evening, promising himself, in future, not to have such confidence in his profound wisdom.

This anecdote proves that the supply of quacks will fail the fools, before the supply of fools will fail the quacks.—*Michigan Med. News.*

Chronic Ovaritis.—In an article by Dr. Henry Gervis, obstetric physician to St. Thomas' Hospital, London, in the *British Medical* of the 3d ult, we have in the history of a case reported by him a very succinct narration of the symptoms of Chronic Ovaritis. The principal one is pain in and radiating from one or the other ovarian region, more or less severe; sometimes dull, sometimes acute, sometimes very acute. At first this pain is occasional only, but apt to be pretty regularly provoked by the occurrence of ovulation, getting worse before the catamenia and lessening afterwards. After a time it becomes continuous, but increased by standing or walking; especially is this the case if the ovary be prolapsed or congested; and if it be the left ovary which is affected it is apt to be aggravated before and during action of the bowels. So great is the pain under the latter circumstances that the patient will sometimes defer defecation for one or two weeks, and in one of Dr. Gervis' cases even three weeks were allowed to pass through dread of the pain. In the early stages of ovaritis there is a tendency to menorrhagia, but later on, owing to changes in the tissue, the flow usually becomes scanty and is accompanied by pain (dysmenorrhœa). The pain on pressure over the ovary is of a sickening nature, resembling, indeed, the pain caused by pressure on an inflamed testicle. Among the constitutional symptoms the chief are neurotic disturbances and nervous irritability, the result of nerve exhaustion.

As regards treatment, it must be remembered that uterine trouble usually precedes the ovarian, and the former must be rectified before the latter, *per se*, can be benefitted. The bowels must be maintained in a soluble condition, and much benefit will be derived from injections twice daily of hot water (100° to 110°) and the introduction of pledgets of cotton saturated with glycerin high up in the vagina. All pressure from the clothes must be guarded against, as must also all pressure from accumulation of flatus. Rest in the recumbent posture, within the limits of physiological necessities, must be enjoined, the hips being raised by a

pillow. The iodide of potassium for its effect on the inflamed tissue, the bromides of potassium and ammonium for the nervous disturbances.

The local treatment includes the use of iodine or small blisters to the inguinal region, or sedative liniments, such as the liniments of aconite, belladonna, or chloroform. Hot sitz baths, douches, 105°-110°; mercurial vaginal suppositories where it appears possible to promote absorption of exudations, or lessen ovarian congestion; and when the ovary is prolapsed, the introduction of an elastic ring pessary, which supports at once uterus and ovary, often so taking off the dragging and bearing down sensations of which the patient complains, and markedly relieving the dyspareunia so frequently present. A device that Dr. Gervis has made use of sometimes, and with benefit, has been what has been called the postural method of treatment. By getting the patient to kneel for definite periods of fifteen to thirty minutes, two or three times a day, in the genu-pectoral position, the ovaries, unless fixed, will gravitate out of the pelvis, and so lose some of their congestion. And these approaches to a healthy condition, repeated frequently, lead, it is believed, to the tendency toward health becoming permanent. At all events this position very frequently has the effect of distinctly relieving pain.

One other point worthy of attention is the question of uterogestation; and the cognate one of the permissibility of conjugal relations in the married. Briefly, sexual excitement being obviously undesirable, intercourse must be within the most restrained limits, when from circumstances, complete abstinence is unattainable. In some stages of ovaritis, while ovulation proceeds, conception is of course possible; and there is also no doubt that gestation has, in many cases, been distinctly beneficial to cases of chronic ovaritis. The explanation being that during gestation the ovaries are having a complete physiological rest; and also that being lifted out of the pelvis by the uterus, as it rises in the abdomen, they are removed from much of the pressure and weight to which, while in the pelvis, they are subjected. But in spite of all such precautions and treatment, a certain number of these cases drift into the third class, the class in which no remedy short of a nearly persistent narcotism appears to give any relief. The patient is always in pain; pain spoken of by some as a burning, scorching pain; by others as a wearing, unendurable pain; by others as "torture;" a pain from which nothing but the stronger sedative, or hypodermic injections of morphia, or large doses of brandy, give any freedom. For the relief of this class little but surgical treatment remains, apart from the perpetual administration of sedatives.—*Medical Age*.

Sodium Sulpho-Carbolate in Vomiting.—Dr. Philip McCall (British Medical Journal, December 16th, 1882), has found that sulpho-carbolate of sodium is of great benefit in the vomiting of pregnancy in seven-grain doses in a half ounce of water. In one case of sea-sickness it had a good effect.—*American Med. Weekly*.

Rape During Hypnotic Slumber.—Dr. Ladome, of Neu-chatel, publishes in the *Annales de Hygiene Publique*, a very interesting report upon a medico-legal question. At the close of some entertainments in mesmerism given at his canton, the young people were possessed by a magnetic fever. One of the consequences of this was that a young girl became enciente, and declared that being alone Christmas eve with a young man, who was in the habit of magnetizing her, he had violated her after having put her to sleep. The affair was submitted to a Justice, and Dr. Ladome appointed to make a medico-legal report bearing principally upon the following questions:

(1). The story of the plaintiff, ought it to be considered probable as a whole?

(2). Could coition take place without her consciousness of the fact at the time?

(3). Was her will so paralyzed that she was unable to offer any resistance?

(4). Is conception possible in a state of absolute insensibility?

Dr Ladome remarks that this is a new question in legal medicine, there existing but four cases in medical literature, dating from 1858.

Making observations on the possibility of simulation, M. M. Devergie, Tardieu and Bronardel arrived at the conclusion that a girl could be violated while her will was abolished in a nervous or hypnotic sleep.

Passing in review her story that she was awakened at a certain time, and again put to sleep without being able to resist, Dr. Ladome concludes there is nothing in this contradictory to the phenomena of hypnotic slumber. That coition could have taken place without her knowledge, is not to be doubted, as she could have been rendered absolutely insensible. The third question is more difficult: Was her will so completely paralyzed that she could offer no resistance? It may, however, be answered affirmatively; for in furnishing his subject with an appropriate theme of hallucination, a skillful operator could, with certain persons, provoke actions en rapport with the dream developing in their over excited imaginations. It would seem then that the operator has really the power to direct according to his inclination the will of the subject, while in reality he directs only a hallucination, but the subject is none the less at his mercy. It remains to know if conception is possible when the woman is in a state of complete insensibility. Every author admits that the sole condition necessary to fecundation, is the meeting of the semen and the ovum in the female.

The magnetiser proved an alibi, and the case was dismissed.—*Obstetric Gazette*.

A Recent Decision holds that if a surgeon recovers his fee in a suit for the value of his services, no subsequent suit can be brought for malpractice, this being settled by the results of suit for services.—*Detroit Lancet*.

Treatment of Eczema of the Genitalia, Pruritus and Leucorrhœa.—In cases of eczema, in which glyceroles and unguents have failed, the following formula has been successful :

R Chlorate of potassium.....	30 grains,
Wine of opium.....	50 grains,
Pure water,.....	1 quart.

Applied to the parts by linen compresses covered with oil silk. If there is much inflammation, precede this with warm hip baths and cataplasms sprinkled with powdered carbonate of lime. In obstinate pruritus, associated with leucorrhœa, a tablespoonful of mixture of equal parts of tincture of iodine and iodide of potassium, in a quart of warm tar water (tar water holding the iodine in solution) used daily, night and morning, removes the pruritus and ameliorates the leucorrhœa. In fetid leucorrhœa two or three tablespoonfuls (in a quart of warm water morning and evening, as an injection) of the following formula will be found useful :

R Chlorate of potassium.....	13 grams,
Wine of opium.....	10 grams,
Tar water.....	300 grams.

Or—

R White vinegar (or wine).....	300 grams,
Tinct. eucalyptus.....	45 grams,
Acid salicylic,.....	1 gram,
Salicylate of soda.....	20 grams.

One to five teaspoonfuls in a quart of warm water as an injection two or three times a day.—*Obstetric Gazette*.

Sponge-Grafting.—Dr. W. H. Thorndike and Dr. C. D. Homan, of the Boston City Hospital (Medical Record, October 7, 1882), reports four cases of this treatment in different classes of wounds, the only four in which it has been tried at that institution: but the results have not been so remarkably satisfactory as some of those reported in the English journals. They conclude, however, that the treatment is useful in a certain limited class of cases, such as deep, circumscribed ulcers of the leg, which are often followed by adherent cicatrices which readily break down. In these cases the sponge forms a trellis-work through which the granulation springs up from the bottom of the wound, thus preventing the contraction from the edges. The sponges used in grafting should be perfectly clean and thoroughly carbolized. They should then be soaked in dilute acid until they become quite friable, in order that they may be absorbed more rapidly.—*N. Y. Medical Journal*.

Iodide of Potassium in Frontal Headache.—Dr. Haley, in Australian Medical Journal, claims that minimum doses of iodide of potassium is of great service in frontal headache. A two-grain dose dissolved in half a wineglass of water will often cure a dull headache which is situated over the eyebrow. The action of the drug is quite rapid.—*Med. Summary*.

Dislocations of the Thigh Reduced by New Methods of Manipulation.—In cases where reduction of the femur by manipulation in the usual way, with the aid of anæsthetics, has failed, or is inapplicable, and as a substitute, in many cases, for anæsthesia, and mechanical power, Mr. Kelley (Dublin Journal of Medical Science) proposes the following methods :

• **FOR POSTERIOR DISLOCATIONS.**

The patient is laid prostrate on the floor. Three strong screw-hooks are inserted into the flooring close to the perineum and each ilium of the patient, and to these hooks he is secured by strong bandages or rope. The injured thigh is flexed at right angles to the patient's body; the foot and lower extremity of the tibia are placed against the perineum of the surgeon, who, bending forward, with the knees slightly flexed, passes his forearms behind the patient's knee and grasps his own elbows. Reduction is now accomplished by drawing the femur upwards; but circumduction may also be practiced; the surgeon, stepping backwards, then extends the limb, and lays it by the side of its fellow. In sciatic dislocations, in order to liberate the head of the bone from the foramen, a bandage may be passed around the thigh, close to the trochanter, by which an assistant may make traction.

FOR ANTERIOR DISLOCATIONS.

The patient is placed upon a table of such elevation as to have his pelvis nearly as high as the trochanter of the surgeon. A bandage around the pelvis, and secured to the side of the table farthest from the dislocation, affords counter-extension. The surgeon, with his face directed towards the dislocated joint, and standing on its inner side, with his trochanter pressed against the femur, now bends the leg behind his back, and grasps the ankle with the corresponding hand. Reduction is effected by rotating or turning his body partially away from the patient, thus making traction on the femur in the most favorable direction, and at the same time pressing the head towards the acetabulum with the disengaged hand.—*Med. Times.*

Medical Education of Women in Russia.—The authorities in Russia are evidently not in favor of the medical education of women. The lecture courses at St. Petersburg have been closed by order of the Emperor, after an existence of ten years. The government has deprived the institution of its buildings, and maintains that the institution had not the means to carry it on properly. Subscriptions were promised, but every obstacle was thrown in the way of their collection. The experiment of female practitioners has evidently been a failure in that country at least.—*Lancet.*

In the ruins of Pompeii has been lately discovered a quadri-valve speculum, exquisitely proportioned, with a movement unsurpassed by the most perfect of modern instruments.—*Detroit Lancet.*

Perils of Medical Practice.—Our English exchanges give graphic accounts of a sad case which recently transpired in England, and which illustrates some of the dangers to which medical practitioners are subject.

A Dr. Edwards, of Hounslow, was accused by a female patient of an assault on her chastity, and a demand made on him for money as a condition of reticence on the part of woman. In his hour of trial, Dr. Edwards naturally consulted his partner, who, instead of coming to his support seized upon the opportunity to dissolve their business relations. Thus attacked and suspected by the one who should have stood by him, at least until his guilt was established, poor Edwards, doubtless losing all hope of establishing his innocence, gave up the fight, and by means of a dose of prussic acid, placed an impassable barrier between him and his persecutors. He left behind him a note written on the very brink of eternity, asservating his innocence of the charge brought against him by "the morbid imagination of a licentious-minded, hysterical woman," and praying for a "blessing on his wife, his little boys, and his mother." The woman, struck by remorse at the suicide of her victim, made a written retraction of the charge, with every expression of regret.

Popular sympathy for the family of the deceased is deep, and everything possible has been done to mitigate the pain of their misfortune, while the indignation against Dr. Whitemarsh, the partner, took shape in the storming of his house by a mob, who would also have lynched him but for the protection of a posse of forty constables.

On the heels of the above case comes the following: The prosecutrix, a young girl, came to Dr. Sparrow, complaining of morning sickness, headache, and total suppression of menses for the past five months. Suspecting from her general appearance that the patient was pregnant, Dr. Sparrow refused to give any emmenagogue medicine (which she urged him to do), until satisfied that she was not *encinte*. To ascertain this, he—with her full consent—made an examination which fully confirmed his previous suspicions. The patient then left, and the next thing the Doctor heard of the matter was a summons for assault. Fortunately, he was able to produce the evidence of three visitors and three servants, who were all within ear-shot at the time, yet they heard no outcry.

The magistrates, convinced that the whole affair was "a plot," at once dismissed the charge, and no doubt the lapse of a few months will confirm Dr. Sparrow's diagnosis and his perfect innocence. We are well pleased to observe that Dr. Sparrow's medical brethren, having satisfied themselves of his freedom from guilt, stood by him in his adversity.

In provincial practice it is obviously impossible for a practitioner to have, at all times, the safeguard of witnesses when it becomes necessary to make gynecological examinations, and it is daily becoming more manifest that charges of immorality against medical men ought to be regarded with the utmost suspicion.

These sad cases have their lesson. While we have a feeling

akin to contempt for a man who suicides to avoid trial and sorrow, particularly when he has within him the consciousness of innocence, our sympathies are touched by the salient features of the case. Physicians are constantly liable to similar charges to these, and we have known of instances in which in spite of innocence, they have paid money to avoid scandal. The only safeguard is that suggested by our contemporaries, viz: that physical examinations of women should be made only in the presence of a third and reliable party. The woman who objects to this should be sent elsewhere.—*Medical Age*.

The Bacillus of Whooping-Cough.—An interesting paper, pertaining to the pathology of whooping-cough, was lately read before the Medical Society of London, by Mr. Dolan, F.R.S., in which views were advocated which were put forth by Poulet, in 1867; by Letzerich, in 1873; and still later, by Tschamer. Mr. Dolan has repeated the experiments of these former investigators, and with successful results.

Poulet, in 1867, found certain bacteria of a peculiar kind in the sputa of patients affected with pertussis; Letzerich commenced a series of investigations a few years later. The latter found constantly present in the sputum of pertussoid patients a bacterium belonging to the genus *Ustiligo*, Tul.; with this micrococcus he inoculated the tracheal mucous membrane of tracheotomized rabbits and noted the results. He invariably produced a spasmodic catarrhal affection resembling whooping-cough, and he observed that the bacteria do not penetrate the epithelium, but live on the surface of the mucous membrane, to the detriment of the latter.

Tschamer, of Gratz, working in the same department of micro-pathology, has lately found, in the expectoration of pertussis, a microphyte, which he identifies with a black mould which develops on orange-peel. This he thinks he has proved by different cultures. Satisfied of the identity, he took some of the black powder which constitutes the mould of orange-peel and experimented with it on himself, inhaling the powder as deeply as he could. At first no effect was observed, but after eight days he began to have convulsive fits of coughing, and expectorated the fungus in abundance.

He explains the phenomena of whooping-cough in this way. After an incubation of seven days, these microphytes determine an irritation of the bronchi which induces catarrh and spasmodic cough; then, as the irritation increases, the expectoration becomes more abundant and eliminates the fungoid organisms.

Dolan, in repeated experiments, found that by inoculating rabbits with the sputa of whooping-cough patients, he not only induced a catarrhal spasmodic affection, but the death of the animal generally ensued. Inoculation with the blood of such patients was without effect. This certainly seems to confirm the conclusions of Letzerich, that the *materies morbi*—be it a bacillus, or be it what it may—lives on the surface of the epithelium, and does not get into the blood.

Dolan does not claim to have arrived at certain knowledge respecting the special bacteroid which causes pertussis.

The theory, then, is a simple one, that whooping-cough, like other contagious diseases, is the product of germs, which, given off in the breath of pertussoid patients, are inhaled by persons of proper susceptibility, and set up irritation of the respiratory epithelium; the result is the vascular and nervous disturbances, and other phenomena which characterize whooping cough. The severe constitutional disturbance which sometimes attends the disease is a secondary effect.

Mr. Dolan suggests nothing new with regard to the treatment of this affection (which must be largely directed to the palliation of symptoms); but adds that if the dependence of pertussis upon a specific virus, be the true explanation of its pathology, the lines on which its rational treatment and prophylaxis are to be pursued become clearer and more hopeful.—*N. Y. Med. Record.*

Veratrum and Arsenic in the Treatment of Phthisis.—Readers of the Journal will remember that Prof. Howe strongly recommended these remedies in pulmonary consumption, claiming cures of well marked cases from their continued use. His statements were disputed on general principles, *i. e.*, that veratrum was neither expectorant, stimulant nor tonic, but a sedative or depressant, and arsenic—well, arsenic was the next door neighbor to the devil. Then the treatment did not stand the test of experiment, cases in the advanced stages being selected for the trial. Physicians have a habit of testing new treatment upon patients who have run the gauntlet of medicine.

But there is something in this method, if it is tested fairly in the early stage of the disease, and we can account for the curative action of both remedies in a rational way. The marked symptoms of a tuberculosis are: a frequent pulse and a high temperature. So long as the pulse remains frequent and the temperature high, the disease progresses; when they come down the disease goes slowly, or stands still. Veratrum lessens the frequency of the pulse, reduces the temperature, and instead of being depressant, it improves every function. Arsenic in small doses is a *vital stimulant*, improving the appetite, digestion, blood-making and nutrition.—*Eclectic Med. Journal.*

Reliquet's Injection for Chronic Cystitis.—According to L'Union Medicale, this consists of crystallized phenic acid, dissolved, with the aid of a sufficient amount of alcohol, in from one thousand to two thousand parts of diluted water. Properly prepared, it is said to give rise to no pain, but to act as an astringent, modifying the denuded surfaces and hindering absorption. After having washed the bladder out with water of the temperature of the body, the solution is injected very slowly, until the bladder is well distended, so that the liquid comes in contact with every portion of its interior. The injection is then allowed to flow out, and the organ is again washed out with warm water.—*N. Y. Med. Record.*

The Value of Cannabis Indica in Checking Epistaxis.—

Dr. W. G. Maxwell, of Still Pond, Maryland, sends the following communication:

"The recent attack of epistaxis from which Governor Hamilton (of this State, Maryland) suffered, prompts me to call the attention of the medical profession to the above named drug, which has acted like magic in checking epistaxis during the seven years I have been using it.

I have had nine cases of profuse epistaxis (where plugging the nares seemed to be the only alternative) that were checked by Indian hemp in from three to twenty minutes. Nor was there a recurrence of hemorrhage in a single case.

I have prescribed it for a number of other persons subject to bleeding at the nose, who derived the same benefit from it.

I use the tincture in ten to twenty drop doses, repeated every five to ten minutes. The largest quantity given was fifty drops in three doses, to a gentleman who had been bleeding ten hours; the hemorrhage ceased in twenty minutes after the first dose was administered.

The cannabis indica was used alone in these cases, there being no other internal or local treatment.—*Peoria Med. Monthly*.

Chamomile in Infantile Diarrhœa.—Dr. Christopher Elliott, Physician to the British Hospital for Sick Children (Practitioner, December, 1882), endorses Ringer's claim for the great value of infusion of chamomile in infantile diarrhœa connected with dentition, and in which the stools are many in number, green in color, or are slimy and streaked with blood, and accompanied by pain and cramp. He gives ʒss—ʒj of the infusion to a child under one year, and double the quantity to a child over that age, giving it three times a day or oftener, according to the severity of the attack. He explains the rationale of this treatment by the power which chamomile flowers possess of subduing reflex excitability, a power residing in the volatile oil contained in them. Grisan was unable to tetanize, by means of strychnia, a decapitated frog which had been fortified with a dose of chamomile oil, and *vice versa* when reflex excitability had been artificially produced by means of strychnia, it could be calmed again by chamomile oil.—*Medical Age*

Aconite and Belladonna in Erysipelas.—A writer in Medical and Surgical Reporter says: I wish to say a few words in regard to the treatment of that disease. For the last three years I have been treating it with aconite and belladonna, and with much better results than with other methods of treatment, either locally or constitutionally. I have found it superior to iron and quinine, or any treatment that I have used or seen used. The inflammation will begin to subside in from twelve to twenty-four hours, patient will feel more comfortable, and will go on to a speedy recovery. I have used it in cases of all ages, running from fifteen months to fifty years, and with like results in all. I generally give one drop

of the tincture of aconite root, and two drops of the fluid extract of belladonna every hour, according to age. I very often direct a mixture of acid carbol., tinct. iodinæ and glycerinæ to be used locally. This is unnecessary as to cure, but it adds to the comfort of the patient. I have also found belladonna a very useful drug in the treatment of various skin diseases. I very frequently combine the fl. ext. and liq. pot., arsenit., and cure cases that have resisted other treatment.

The Bacilli of Tubercle only Fat-Crystals.—At a meeting of the Pathological Society held at the Charity Hospital, New Orleans, on November 20th, Dr. H. D. Schmidt, President of the Society, made a demonstration with the aid of the microscope to test the alleged discovery by Prof. Koch, of Berlin, of the bacilli of tuberculosis, or the germs of consumption. Dr. Schmidt has devoted much time to the observation of the bacilli of tuberculosis, and while engaged in his researches the discovery of Dr. Koch was announced to the world. This only encouraged Dr. Schmidt to renewed efforts, and the result was that he ascertained, beyond doubt, he claims, that Dr. Koch's germs were pseudo-bacilli, that is, fatty crystals, and not true bacilli. This result, it was stated, was obtained by long and arduous labor, in which the diseased organs of persons that had been afflicted with pulmonary consumption were minutely and carefully examined. Dr. Schmidt succeeded in finding the crystals, which were similar in appearance to those discovered by Dr. Koch, and evidently the same. To determine their nature, Dr. Schmidt subjected the crystals to the action of boiling ether, when they disappeared, proving that they were not germs or organisms, otherwise they would have remained unaffected by the ether.—*Med. News.*

Gelsemium Sempervirens in Tetanus.—Dr. J. B. Read, Tuscaloosa, Alabama, (*British Medical Journal*, December 23d, 1882), has reported a case of tetanus cured by forty minum doses of the fluid extract of gelsemium sempervirens every two hours. Tetanus, it must be confessed, is a self-limited disease, and certain cases have recently been reported in which sustenance of the patient's strength answered every indication.—*American Medical Weekly.*

A New Vegetable Styptic.—The *Lancet* quotes from the *Neuefreie Presse*, a statement concerning a plant discovered during the French expedition to Mexico which, when chewed or crushed, exceeds in its styptic action all other substances yet known. Among the natives it is given a name that may be rendered *fowlwort* (*Tradescantia erecta*, Jacq.). It has been acclimatized at Versailles.—*N. Y. Med. Journal.*

Cholera is said to have been prevailing at Mecca since the 24th of October, and in Cochin China since the close of the summer.—*N. Y. Med. Journal.*

Whooping-Cough.—In a paper read before the London Medical Society, Dr. Dolan (Lancet, October 21st, 1882) dissented from the view of Guineau de Mussy that the affection was produced by swollen bronchial glands pressing on the vagus. This was disproved by two facts: first, the glands could be swollen without causing whooping-cough; second, they were not always swollen in the disease. Dr. Dolan adopts the old view that pertussis is caused by a fungus; Poulet has found bacteria in the sputum of pertussis, and by inoculating rabbits with this sputum Letzerich has given them pertussis; Dolan has found that inoculations with bacteria of pertussis has no effect on animals; inoculation with sputa causes death by pertussis. As might be expected, no pathognomonic pathological lesions were to be found in pertussis. Death usually resulted from complications. Glycosuria was present in fourteen out of fifty of Dolan's. Isolation was the first indication, treatment of complications the next. Antiseptic treatment of the disease itself was likely to have good results.—*Ame. Med. Weekly.*

Calomel in Diphtheria.—Dr. Chas. S. Miller reports (Southern Practitioner) a case of diphtheria in which the breathing was very much embarrassed by the membrane. Calomel in 10-grain doses every hour, until twelve doses were given, was followed by prompt recovery, the membrane being thrown off and showing no tendency to re-form. Neither catharsis nor emesis followed these apparently heroic doses. The case seems strongly corroborative of the claims made by Dr. Reiter in a recent number of Squibb's Ephemeris. Dr. Reiter, however, recommended the calomel in the same sized doses before the membrane appeared, and to prevent its formation, having little or no faith in this treatment after the patch had formed. We should be very much pleased to receive any report on the use of calomel as above. Dr. Reiter's claims for the drug employed in this manner are too positive to be allowed to pass without subjecting it to a trial.—*Med. Age.*

Pop-corn a Remedy for Vomiting of Pregnancy.—Dr. Wallace, in Medical and Surgical Reporter, having failed with all the usual methods, in an obstinate case, says:

"Some pop-corn was immediately prepared, a little salt sprinkled thereon, and of which she ate a large saucerful. At my call next day, found she had passed a quiet night, without nausea or vomiting, and had eaten very freely of the pop-corn. She has had no further trouble. January 25, as I was passing her house, I saw her at the door. She informed me that since my first visit she has vomited but once, and then but slightly. Sometimes has slight nausea, which is always relieved by eating some pop-corn.

The remedy is so simple, so easily procured, so utterly harmless, and with me has always proved so efficacious, that I publish this in the Reporter, confident that my professional brethren will find it singularly efficacious in the relief of this most distressing disorder.

The Cure of Saccharine Diabetes.—In a paper by Dr. G. Felizet, read before the Academy of Sciences August 14, says the *Journal d'Hygiene*, the author claims to have discovered a remedy for a disease usually regarded as incurable—saccharine diabetes. The author states that he has succeeded in putting an end to glycosuria artificially produced in animals, and that the medicine that suppresses that artificial glycosuria will likewise cure diabetes in a few weeks or months. There exists, says he, a bond of union between artificial glycosuria, intermittent diabetes and confirmed diabetes, and that bond is irritation of the rachidian bulb. It is not, then, in masking the disease by submission to the severities of a regime exempt from bread, feculents, sugar, etc., that we succeed in curing it, but by tapping the very source of the production of sugar, that is to say, by suppressing the irritation of the bulb. Bromide of potassium, by the elective action of sedation that it exerts on the functions of the bulb, suppresses the effects of such irritation with a rapidity that is often surprising, and, in large and repeated doses, cures the diabetes.—*Journal of Health*.

A Bar to an Action for Malpractice.—An interesting decision to physicians and surgeons was recently rendered in the courts of one of the Western States.

The services of a surgeon in a particular case were not regarded as satisfactory by the patient, and his bill was refused payment, and, in a suit brought to recover the amount of the bill, the patient defended on the ground that the services were of no value. The decision of the court was in favor of the surgeon, and thereupon the patient brought a direct suit against him, claiming damages for malpractice. Upon the trial this suit was dismissed, the court holding that the question of malpractice had been in effect adjudicated in the former suit under the issue that the services were of no value.

This decision is in accord with one rendered in this State in 1878, and it is no doubt the general rule that the question of malpractice is set at rest by a favorable decision in an action to recover the value of services.—*N. Y. Med. Record*.

Chest Development by Exercise.—Dr. Catheart, Lecturer on Anatomy, in the Edinburgh School of Medicine, in a lecture delivered at the Edinburgh Health Society, a short time since, gave, as to the effects of exercise in expanding the chest, some striking facts which related to a school where physical exercise had been systematically carried out. The effect of regular exercise was shown as follows: New boys, aged fourteen, average measurement, 29-3; at fifteen, 30-16; at sixteen, 32-0; at seventeen, 32-6; and at eighteen, 32-5; while former boys measured respectively, 30-6, 32-1, 34-2, 35-8 and 36-8.—*Med. and Surg. Rep.*

Petroleum, says the Detroit Clinic, is a rapid solvent of the false membranes, and must possess distinct advantages under such circumstances. This fact, coupled with its antiseptic property, renders it a promising remedy, although its odor always renders its use disagreeable.

SCIENTIFIC ITEMS.

Living a Double Life.—Many men may be said to live two different lives, in one figurative sense or another; but it appears that such double existence may be a literal fact. A physician writing in a German medical journal relates the case of a woman who passes her life in two entirely distinct and alternating states. In one of them she can talk, but cannot swallow liquids; in the other she is able to swallow, but is deprived of all power of speech. While in one state she remembers perfectly all that has happened previously in that same state, but is totally oblivious of everything that occurred in the alternating existence. Lately a third state has developed, the external characteristic of which is a total paralysis of the right leg. All remembrance of this condition is also lost when once the patient has emerged from it.

A similar case has been recorded by Jessen. A young woman fell suddenly into a deep sleep, and upon awakening had lost all memory of past events. She was obliged to re-learn to read and write, and to make the acquaintance again of persons with whom she had formerly associated. After a few months she returned to her former condition. Thus she continued to alternate between the two states of existence, the change being always preceded by a deep slumber. Memory was retained only for events happening in the like state, and was lost for the alternating periods.—*Popular Science Monthly.*

The Hygiene of Shoes.—That the shoes we wear are seldom made of the proper shape has been often pointed out by scientific writers; but habit and fashion are not easily changed. The poor suffer more from this cause than the well-to-do, for cheap shoes are generally worse in pattern than more costly ones, and being clumsier and less flexible, cause greater distortion of the feet. Deformities of the feet and toes are especially frequent among the poor.

This matter was the subject of an able and interesting paper, read by Colonel Ziegler, Chief Surgeon of the Swiss army, at the Geneva Hygienic Congress. He stated that every year 800 recruits are rejected for malformation of the feet, resulting from badly fitting shoes. The foot is in reality a bow, so elastic that at every step it contracts and expands, lengthens and shortens, and a line drawn through the center of the great toe intersects the heel. Shoemakers do not give room enough for the lateral extension of the great toe, confining it until it is forced against the other toes, giving rise to inflammations, corns, ulcerations and sometimes true articular inflammations. Another evil is flat-footedness, whereby the arch of the foot is converted into a straight line, and prolonged walking rendered impossible.

Another cause of this defect is the carrying of heavy weights at an early age; but in most cases perfect shoes would restore the foot to its normal condition. A test of a perfect pair of shoes is

that when placed together they should touch only at the toes and heels; the soles should follow the sinuosities of the feet, and to give room for their expansion should exceed them in length by fifteen or twenty millimeters.—*Popular Science Monthly*.

Science and Christianity.—It is too frequently the case that both the pulpit and the press arraign Science as being antagonistic to the Christian religion. Often are ministers, in their pulpit efforts, heard to say: "Science would have us believe there is no God; that the universe is the product of chance; that man was evolved from the monkey, and the monkey from the moneron; that there is no immortality—no heaven, no hell; *but Science is false!*" or words to that effect. Now, the fact is, Science teaches nothing of the kind; and all such assertions are but so many false accusations. Those who utter or print them, falsely arraign Science; and they do so because they fail to distinguish between Science proper and *false theories of Science!* Science, real and true, is one thing, and a theory of Science is another. A scientific *fact* is as much a truth of God as is the divine declaration that man must be born again before he can see the kingdom of God. But a theory of Science, based upon an imperfect knowledge of the scientific facts involved, is only a *theory*, and not by any means necessarily true, even though it be advocated by such eminent scholars as Spencer, Mill, Strauss, Kent, and Buckle; for when such men go beyond the absolute facts of Science, into the uncertain fields of speculation and imagination, they are as liable to err as are other fallible beings.

Science is knowledge systematized. Huxley says: "The *science* of any subject is the highest and most exact knowledge on that subject." The science of the material universe and its laws, so far as they have been ascertained by investigation, observation and experience. Hence, according to the generally received faith of believers, there can be no conflict between Science and Christianity, for both have the same author. The *facts* of the material universe are as much truths of God as are the moral obligations set forth in the Decalogue.—*Literary Microcosm*.

One by one the more precious metals are found deposited in this country, and in some cases, as in nickel, the unsuspected supplies prove greater in volume than the previous yield of all other countries combined. The latest of these discoveries is that of vanadium, which has been taken from an Arizona mine in larger paying quantities than ever before known.—*Ex*.

The Electric Light.—Paris physicians have demonstrated that the electric light is not at all injurious to the eye. Our parents used to tell us that looking at the lightning would make us blind.—*Exchange*.

A Submarine Vessel.—The submarine vessel now being constructed at Bucharest, it is claimed, will accomplish what no other submarine craft has ever been equal to. The plan contemplates a vessel capable of moving under water for twelve hours without any renewal of air.—*Ex*.

PRACTICAL NOTES AND FORMULÆ.

Anti-Diphtheritic Inhalations.—Some years ago, Dr. H. Hager recommended a mixture composed of—

Carbolic acid.....	10 parts,
Alcohol.....	10 “
Water of ammonia.....	12 “
Distilled water.....	20 “

As an excellent inhalation in catarrhal affections. It was directed to be used thus: A small wide-mouthed bottle was to be filled one-third with the liquid; then a sufficient quantity of cotton was to be introduced to just soak up all the liquid. The bottle was then to be well stopped. In coryza, incipient catarrh, or similar affections, the inhalation through the nostrils of some of the vapor of the compound was found to be of the greatest benefit.

The same author now recommends a still stronger compound, to be made from

Carbolic acid.....	10 parts,
Oil of turpentine—(or oil of eucalyptus).....	5 “
Water of ammonia.....	12 “
Alcohol.....	20 “

A small quantity of this is to be dropped into a small wide-mouthed bottle, half filled with cotton or asbestos, and the bottle well stopped. After a few days a little more may be added, until a strong odor is given off, when the bottle is opened.

A physician to whom Dr. Hager recommended the use of the compound thinks that it prevents the spread of diphtheria, since in five families, in each of which one case of diphtheria had become developed, its further spread was arrested, apparently through the use of the antiseptic inhalation.—*Med. News.*

Gonorrhœa.—Dr. Logan, of Florida, in *Eclectic Medical Journal*, says: The treatment I have had the most success with and that which seems to be nearer a specific than any other, is as follows:

℞ Calamine.....	grs. lxxx,
Powdered kino.....	grs. xxx,
Sulph. zinc.....	grs. x,
Sulph. morphine.....	grs. viij,
Boiling water.....	℞j,

M. Sig. Shake and inject a syringe-ful every two hours, urinating each time before injecting. The injection should be retained two full minutes, then allowed to escape slowly, so as to leave the sediment in the urethra. The kino must be pulverized and dusted through a fine cloth so as to free it from lumps.

Out of 18 cases treated with the above, there was not a single case in which a cure was not effected inside of 14 days after commencing treatment. Cases seen early in the attack yielded in half that time.

In Anorexia.—M. Huchard recommends the following stomachic for persons who suffer from debility, with loss of appetite—

Tinct. cardamoni.....	f 3 i,
Tinct. anisi.....	f 3 i,
Tinct. aurantii corticis.....	} aa f 3 iiss
Tinct. gentianæ.....	
Aquæ menth. pip.....	
Aquæ.....	ad 3 ii.

M. Sig. Teaspoonful between meals.—*Journal of Chem.*

Elixir of Salicylic Acid.—Dr. Wolff, according to the Journal of Pharmacy, gives the following formula—

Dissolve salicylic acid, 3i. in alcohol, f. 3vi., and add simple elixir (or elixir curacoa) q. s., f. 3vi.

The dose is a tablespoonful, containing five grains of salicylic acid, the taste of which is well masked. The elixir should not be given with water. The additional amount of alcohol in this preparation is not contraindicated, but seems to overcome the tendency of the salicylic acid to act as a cardiac depressor.—*Ex.*

Cosmetic Preparations.—The following recipes are from good authority—

TAN AND FRECKLE LOTION.

Corrosive sublimate.....	gr. vi,
Dilute hydrochloric acid.....	3 i,
Water.....	3 iv,
Alcohol.....	} each 3 ij,
Rose water.....	
Glycerine.....	3 i.

Apply at night and wash from the skin with soap in the morning.

LE BON'S PERFUMED CARBOLIC ACID.

Carbolic acid.....	1 part,
Oil of lemon.....	3 parts,
Alcohol (30°).....	100 parts.

GLYCEROLE OF ARNICA.

Fluid extract arnica.....	10 parts,
Glycerine.....	10 parts.

For chapped hands insect bites, etc.

FRENCH COLD CREAM.

Quince mucilage.....	40 parts,
Almond soap.....	1 part,
Stearic acid.....	10 parts,
Glycerine.....	2 parts.

—*Journal of Chemistry.*

A Cholagogue Formula.—Dr. Blackwood publishes in the Medical Times, Philadelphia, the following formula, which he has found very servicable in many a stubborn case of dyspepsia that had run the gauntlet unavailingly of all sorts of peptonoids. It is also, he says, an admirable cholagogue on general principles. It is certainly correctly based on the physiological action of its base and adjuvants as demonstrated by the experiments of Rutherford:

R Cinchonidiæ sulphatis.....	}	aa 3 ss,
Euonymin.....		
Leptandrin.....		
Iridin.....		
Juglandin.....	}	aa gr. x.
Podophyllin.....		
Ext. belladonna.....		
Ext. nucis vomicæ.....		
Ext. hyoscyami.....		

M. ft. mass. et. div. in pil. no. lx. Sig. One or two at bed time.
Med. Age.

Turpentine for Tænia Solium.—In the Southern Clinic, Dr. H. L. Harris relates the case of a mulatto girl to whom he gave on a Thursday afternoon—

R Ol. terebinthinæ.....	3 ss,
Ol. ricini.....	3 iss.

Sig. Tablespoonful at a dose.

And directed that one dose be taken, and that the patient retire fasting, and await developmets until one o'clock Friday.

At 12:20 o'clock Friday, he was summoned and found that she had passed a monster tape-worm, measuring seventeen and a half feet in length, careful measurement. She suffered from soreness over the hepatic region, but the abdomen has fallen, and the patient feels well.—*Med. and Surg. Rep.*

New Compound Cathartic Pill.—Dr. Palmer, of Florida, in Journal of Pharmacy, recommends the following as a substitute for the official compound cathartic pill, on account of its being less drastic, and more cholagogue in their action. It has been thoroughly tested in this part of the country, and is found superior to the United States formula in every particular, and I respectfully suggest it for consideration by the revisers of our standard. In this the calomel is increased and the gamboge diminished, as follows:

R Ext. coloc. comp.....	}	aa gr. 1½
Calomel.....		
Ext. jalap.....		gr. 1,
Gamboge.....		gr. 1-5.



EDITORIALS AND MISCELLANEOUS.

EDITORIAL NOTICES.

PROF. CARL VON HECKER, the great Obstetrician of Munich, died recently, in the fifty-sixth year of his age.

CHOLERA.—Something very like Cholera is prevailing to an alarming extent at Waterbury, Connecticut.

AMERICAN MEDICAL ASSOCIATION.—This great representative body of the medical profession in the United States, will meet the present year on the 5th of June, at Cleveland, Ohio.

OVERSIGHT.—The article in our March number entitled "*Look out for your Soft Catheter*," should have been credited to the *Peoria Medical Monthly*. We trust that excellent Journal will excuse the oversight.

COLDEN'S LIQUID BEEF.—Dr. W. Andrews, the gentlemanly agent of *Colden's Liquid Beef Tonic* (advertised in our Journal) gave us a friendly call and furnished us with a sample of that excellent nutritive tonic. It is neatly put up, agreeable to the taste, and truly a fine combination.

JOHN WYETH & BROTHER.—The gentlemanly agent of John Wyeth & Brother, Philadelphia, paid us a call and exhibited a number of beautiful samples from that excellent house. We have used Wyeth's preparations, and regard them as among the very best, the purest and neatest in the market.

THE STATE MEDICAL ASSOCIATION AT ATHENS.—There are indications of an unusually full attendance at the Medical Association of Georgia, which convenes at Athens on the 18th instant (April). It is to be hoped that all sections of the State will be represented; that impartial, kind and fraternal relations will prevail, and that the great interests of the profession will be advanced.

SEE the card of Dr. JOHN G. WESTMORELAND under our *Special Notice* head. The Doctor, on account of age and declining health, finds himself unable to continue the arduous duties of out-door practice, but his patrons may still avail themselves of his long experience and established skill by consulting him in his office.

ANALYZING URINE.—Too little attention is paid by the profession to testing and analyzing urine, and unfortunately many practitioners are unacquainted with the proper methods or have not the facilities for making these tests, often indispensable to a correct diagnosis of disease. Such will do well to avail themselves of the services of Prof. J. H. LOGAN, whose card may be seen under our *Special Notice* head, and who is a Chemist of large experience and acknowledged ability.

BEAUTIFUL POCKET DRUG CASE.—Among the most unique and beautiful Pocket Drug Cases we have ever seen was one selected for the successful contestant for the prize in Physiology at the late commencement of the Southern Medical College. It was from the splendid drug house of McKesson & Robbins, New York. The vials were all filled with beautiful gelatine coated pills and granules. The size of the case, the plan of opening, the number of vials, the assortment of drugs, and the entire get up of the case, was the very acme of beauty, usefulness and convenience.

Established September 1, 1881. The Philadelphia Hospital for Skin Diseases, No. 923 Locust street, Philadelphia, Pennsylvania, is under the control of the following Board of Managers:

Robert E. Rogers, M. D.,	Hon. A. K. McClure,
William H. Pancoast, M. D.,	William S. Jenney, M. D.,
Rev. George F. Wiswell, D. D.,	William B. Atkinson, M. D.,
C. W. McKeehan, Esq.,	Lawrence Wolff, M. D.,
George W. Fairman, Esq.,	George H. Brown, Esq.

MENTAL DISEASES.

The study of Mental diseases is attracting more attention than in former years. The nature and operations of the human mind and its relations to the physical part of the man, and the extent to which it is dependent upon the brain for its action, are subjects of deep and important interest. The advocates of Scientific Materialism, as Heckel, Ingersoll, and others, have grown bold and confident in rejecting all necessity for the separate or independent existence of a soul or thinking principle, claiming that thought is but the product of brain secretion, or a result of molecular motion of brain substance, and that with the death or destruction of the brain, all mental operation on the part of the individual ceases, and he goes into absolute nonentity. The doctrine of spontaneous generation, the evolution of forms and species, and the survival of the fittest, is sufficient with this class of scientists to account for the existence of man and of all animals, as we now find them upon the earth, and there is no God and no necessity for a God in the universe. While a few hold to these doctrines, alarming the Christian world with the boldness of their assertions, and the extent and ability of their literature which finds access to nearly all classes of periodicals and magazines in our country, yet those who are calmly surveying the field in a spirit free from prejudice and infidel proclivity, see no great danger of the subversion of the old and scriptural doctrine of the separate existence of the mind and soul of man as a real entity, which can and does occasionally act independently of the body, even in this life, and which, at death, comes out of the body as the caterpillar from its chrysalis, a real, substantial and immortal existence.

The committee of the National Association for the Protection of the Insane and the prevention of Insanity, realizing the increasing importance of the study of mental diseases, suggest the establishing of special chairs in all our schools for instruction in Mental Science and Mental diseases. The increased prevalence of insanity, and the growing im-

portance of a better knowledge of mental phenomena, make the suggestion a timely and worthy one, and we doubt not it will meet with the ready acquiescence of the medical profession throughout our land.

SENSIBLE.

There are some American physicians, says the Medical and Surgical Reporter, who write too much; but the great majority do not write enough.

Medical journals are the vehicles of interchange of thought and experience between the members of the profession; and a physician should make it a rule always to report every case that may occur in his practice in which any phenomena may present themselves that he does not find recorded in his text-books.

But he should be short and explicit. Many an otherwise good communication has been rendered worthless by being too *long-winded*; the valuable points have been smothered in a lot of trash.

When a man feels sure that he has something *new* to report, he should reflect how he can say what he has to say in as few words as possible. He will thus prepare an article that will be readable as well as valuable, and will not encroach unnecessarily on the too limited space of a good journal.

Physicians should likewise cultivate the habit of independent thought and reasoning in their practice; and should not, as so many do, practice strictly according to the rules laid down in the books.

Short, practical communications are always of value, and the profession of our country should make it a rule to prepare them frequently.

THE GOOD OF MEDICAL SOCIETIES.

In addition to the instruction and mental improvement resulting from Medical Associations and Societies may be mentioned the social advantages to the members of the profession. It is often charged that Doctors are not friendly and sociable as among themselves. It must be admitted that in many communities the charge is correct. Yet it ought not to be so, and it has been observed that in places where the members of the profession meet in medical societies, and talk familiarly of their professional experiences, and interchange views in regard to their cases, that kind and social feelings always prevail, and that Doctors mingle freely together, finding both pleasure and profit in each others' society.

HEAVY.

Dr. DaCosta is reported as saying (Med. Herald) "If one has not too much to do he writes a short paper on *Phthisis*. If one has little to do he writes a long paper on *Phthisis*. If one has nothing to do he writes a book on *Phthisis*." He further states that "Gynecologists, as a rule, part their hair and their names in the middle, and never die until they have invented pessaries and speculums innumerable."

ASSOCIATION OF AMERICAN MEDICAL EDITORS.

The Editors' Association will meet the present year at Cleveland, Ohio—the same place and time of the American Medical Association. It has been arranged for the sessions to meet between the afternoon meetings of the Sections and evening entertainments.

The President of the Association, Dr. N. S. Davis, will address the members on Tuesday evening upon the "*Present Status and Tendencies of the Medical Profession and Journalism.*"

Dr. H. O. Marcy will make an address on Wednesday evening following upon "*Journalism devoted to the Protection and Concentration of Medical and Surgical Science in Special Departments.*"

Dr. Stone, of St. Paul, and Dr. Ockerlony are also expected to read papers before the body. It is probable that other parties will read papers at the Association.

BOOKS AND PAMPHLETS RECEIVED.

THE UNTOWARD EFFECTS OF DRUGS A PHARMACOLOGICAL AND CLINICAL MANUAL. By Dr. L. Lewin, Docent of Materia Medica and Public Health, in the University of Berlin. Second edition revised and enlarged. Translated by J. J. Mulheron, M. D., Professor of Principles of Materia Medica and Therapeutics in the Michigan Medical College, Detroit, Mich. The only English Translation having the author's endorsement. Detroit, Michigan, U. S. A. Geo. L. Davis, Medical Publisher, 1883.

The above is a work of 216 large octavo pages. Cloth, embossed sides and back, in black and gold. Price, \$2 00. The work is exceedingly interesting and instructive in the information it imparts relative to the deviation of drugs from their ordinary action, or to occasional untoward results often not suspected by the practitioner. It will well repay perusal.

Proposed Ordinance, Rules and Regulations for regulating the Plumbing, House Drainage, Registration and Licensing of Plumbers in the city of Philadelphia, as reported by the Committee of 21. Philadelphia, P. Blakiston, Son & Co., Medical and Scientific Publishers, 1012 Walnut street, 1883.

Suggestions regarding the local treatment of some of the commoner affections of the Ear, by Samuel Theobald, M. D., of Baltimore, Surgeon to the Baltimore Eye, Ear and Throat Charity Hospital; Ophthalmic and Aural Surgeon to St. Vincent's Hospital, Baltimore. Read before the Clinical Society of Maryland, November 17th, 1882.

Bromide of Ethyl, the most perfect anæsthetic for short, painful surgical operations, by Julian J. Chisolm, M. D., Professor of Eye and Ear Diseases in the University of Maryland, Surgeon-in-Charge of the Presbyterian Eye and Ear Charity Hospital; Ophthalmic Surgeon to the University Hospital, etc.

RECEIPTED.

1882.—Drs. B T Phipps, James Wylie, Robert Duke, E King, Thos Norton, D D Tatum, E L Smith, Jas Phillips, R Eckhart.

1883.—Drs. J H Jennings, R J Talbert, B F Duke, W M Peacock, to March, '83; B R Bryant, to March, '83; A T Park, H Allison, W M Coleman, R F Pharr, 6 months; T C Davis, T E Morris, A W Irwin, James Ray, J M Benton.

SPECIAL NOTICES.

To the Profession—ANALYSIS OF URINE.—I am prepared, in my office, 64½ Whitehall Street, Atlanta, Georgia, to make quantitative and qualitative analyses of urine and microscopic examination of tissue, at a moderate compensation. Will be pleased to hear from the profession on this important subject.

J. H. LOGAN, A. M., M. D.

PROFESSIONAL CARD—Not being physically able to pursue a general practice of medicine, I hereby decline calls for the treatment of acute diseases, and also chronic affections requiring me to leave my office, and to exercise much physical labor. Not being financially "able to live without work," I must do an office practice, and desire to confine myself strictly to cases able to call on me, with which I have made myself thoroughly familiar, such as Chronic, Bowel, Stomach, Kidney and Liver affections, Bronchitis, Nasal Catarrh and Piles.

OFFICE, 20 Loyd Street, Atlanta, Georgia.

J. G. WESTMORELAND, M. D.

PARKE, DAVIS & CO.—This magnificent Drug establishment, located at Detroit, Mich., have, by unremitting perseverance and faithfulness in all their business interests, obtained the confidence and good will of the medical profession throughout the entire country. They have accomplished much for the progress of Medical Science and largely benefited mankind by the introduction of new and important Drugs. They are entitled to the thanks of the Profession, and justly deserve the high reputation to which they have attained.

Wm. R. Warner & Co.—This splendid Drug House, so widely and favorably known, both to the home and foreign trade, continue to maintain their high position. Their preparations are regarded by the profession everywhere as unsurpassed for purity and elegance. In respect to their quinine pills, so deservedly popular, the following certificate has been published:

PHILADELPHIA, PENN., December 22, 1882.

An analysis of seven samples of Quinine Pills, obtained without knowledge of the manufacturers, was made and published in the American Journal of Pharmacy by me, and those made by William R. Warner & Co., were found to be correct as to quantity and purity of Quinine.

HENRY TRIMBLE, *Analytical Chemist.*

Mellin's Food, for Infants and Invalids.—Sold by that staunch and reliable house, Theodore Metcalf & Co., at 41 Central Wharf, Boston, is a superior article. See the advertisement in this Journal.

CELERINA.—Dr. Piersol, of Knox county, Illinois, says: I am using CELERINA which, in my opinion, and it is backed up by experience in its use, I think it stands at the head. It certainly is the best thing I have ever used as a nerve, and whenever a nervous, hysterical woman (or man either) comes to me for treatment, CELERINA is the main thing I prescribe.

PROF. JAMES M. HOLLOWAY, M. D., of Louisville, thus refers to LISTERINE:—"My brief experience with LISTERINE has been satisfactory. One case of very obstinate and offensive nasal catarrh has been much benefited by its use, after various other well-known remedies had been tried in vain. An aggravated case of diphtheritic sore throat was attended by such intense nausea and pain that other remedies could not be swallowed, and other gargles could not be tolerated. The LISTERINE was given, and not only retained, but followed by amelioration of the distressing symptoms. As a dentifrice it is not only effectual as a cleanser and sweetener of the mouth, but it is decidedly pleasant in taste.

McKESSON & ROBBINS.—This great Drug Establishment of New York, has a wide and long established reputation as reliable and eminently successful business men. Their various preparations are of acknowledged excellence and purity, and are unexcelled for the neatness, taste and beauty with which they are presented to the trade. See their advertisement opposite 1st page of reading matter in this Journal.

More of **ELLIOTT'S SADDLE BAGS** are sold than all other patterns combined. One thousand have been shipped to different parts of the country since January 1st. The proprietor invites a thorough investigation and comparison of every Bag in the market. The U. S. Government did this in 1879, and adopted the ELLIOTT. Doctors that do the same thing get the standard article. Send for circular to

A. A. MELLIER, 709 Washington Avenue, St. Louis, Mo.

Pinus Canadensis.—DEAR SIR—Your Kennedy's Pinus Canadensis has answered an admirable purpose in two cases of catarrh of the bowels, and I want more immediately, and now ask that you send me half-dozen bottles by first express.

W. N. CLINE, M. D.

T H E

Southern Medical Record:

EDITORS:

T. S. POWELL, M.D. W. T. GOLDSMITH, M.D. R. C. WORD, M.D.

R. C. WORD, M.D., Managing Editor.

All Communications and Letters on Business connected with the RECORD must be addressed to the Managing Editor.

VOL. XIII. ATLANTA, GA., MAY 20, 1883. No. 5.

ORIGINAL AND SELECTED ARTICLES.

KENTUCKY MEDICAL SOCIETY.

Editors Southern Medical Record:

I have just returned from the annual meeting of our State Medical Society. It convened on the 4th instant, and continued three days.

We had a fine attendance, and a very good meeting; a great many papers of interest being read.

Our President, Dr. Price, delivered quite an able address, touching particularly the subjects of Medical Education and Medical Ethics. These are, at this time, apparently, objects of much interest.

The report on Medical Ethics, by Dr. Yager, was quite able, and elicited much interest on the part of members. He is greatly opposed to the recent revolution on the part of the State Society of New York, and criticised its action in quite positive language. It would seem, however, that that body, at least a majority so far, still clings to its ideal with much tenacity. But to judge of the tone of its former advocates and supporters, I would not be surprised if the project was not abandoned before the lapse of many years. The irregulars, with whom it has seemed of late so desirable to connect, it is said, intend to have their own specialties, and thereby save the cases to their own side of the house. This plan would leave our new-code men out in the cold.

The report of the committee on Surgery, by Dr. Fuqua, was very able, and presented the improvements and advances in that department in quite a terse and interesting manner.

Dr. Scott, of Louisville, reported on Obstetrics. He dwelt particularly on the want of due attention given by mothers to daughters, respecting their menstrual functions. His argument led to the point that, on account of neglect in this particular, the exigencies of the child-bearing period were greatly enhanced. Also alluded to the pernicious effects of being over-worked during the access and continuance of the menstrual flow. That this is a time when the economy requires, and should receive, comparative rest. There can be little doubt that over muscular exercise at this period tends greatly to break down nervous power, and thereby materially weaken the reproductive organs. I regard his report as being quite valuable.

Dr. Ochterlony reported on Dermatology, which was one of the best papers presented. He spoke at length of the great advantage of the use of hot water applications in the treatment of that terribly distressing disease, prurigo. It is better, if convenient, to immerse the parts involved in as hot water as can well be borne, for several minutes at a time, and well wiped dry after each immersion.

The report on *Materia Medica* was made by your humble servant, but modesty forbids favorable criticism. Of course, on the other hand, I would not like to speak disparagingly of my own work.

There were papers read on "The Vagaries of Medicine," by Dr. Speed; "Clinical Observations on Head Injuries," by Dr. Roberts; "A Case of Strichnia Poisoning," by Dr. Seargent; "Two Orthopedic Cases," by Dr. Vance; "On Tracheotomy," by Dr. Wilson; "On Pertussis," by Dr. Webb; "On Conjunctival Bleorrhœa," by Dr. Ferguson. Dr. Rumbold, by invitation, read a paper on the treatment of "Chronic Naso-Pharyngeal Catarrh."

Your humble servant read a paper on "Fecal impaction of upper portion of sigmoid flexure of colon, accompanied by persistent diarrhœa."

Many of these papers were quite able, and elicited much interest.

The paper of Dr. Speed, on the "Vagaries of Medicine," criticised the character of Hahnemann with great severity, and proved him to have been the merest charlatan. His criticisms of the "Similia Similibus Curanter" dogma, as well as the infinitesimal absurdity, were extremely caustic in their severity. The Doctor

is well posted in what is termed homeopathy. He regards it as the quintessence of absurdity.

The remarks of Dr. Roberts on Head Injuries were very interesting as well as instructive. He had relieved several patients of epilepsy by trephining and removing the cause. His report of cases were corroborated by the remarks of Prof. Yandell, with illustrative cases.

The case of strychnia poisoning, by Dr. Seargent, was one of great interest. The patient had taken twenty grains of the alkaloid one hour before the Doctor saw him. He was treated with chloral hydrate and bromide of potassium successfully. None of the poison was rejected by the stomach. It was regarded by the Society as a remarkable cure.

Dr. Vance illustrated his cases of orthopedic deformities, as well as the cures, by photograph drawings. The Doctor, though quite young, is becoming to be quite an expert in that variety of surgery.

Doctor Wilson performed tracheotomy on a child for diphtheria, which proved successful, the only one for that disease in the city of Louisville. He was complimented on his success by Professor D. W. Yandell.

Dr. Ferguson entertained us very ably in discussing conjunctival blenorrhœa and its treatment, as observed in the Royal Ophthalmic Hospital of London. He described the nature and character of the disease very accurately, and made cleanliness a great point in the treatment.

Dr. Rumbold's plan of treatment for chronic catarrh of the nose and throat is simple, and he says quite effective. He, by atomizing tubes, applies melted vaseline to the parts affected. He claims for this article virtues superior to all others. His apparatus, however, I would judge from appearances, to be quite expensive.

Dr. Wilson exhibited an improved hollow needle, curved for the purpose of closing openings in the vagina, either rectal or cystic. It has many advantages over those in use, both as regards size and length. Of course it is only adapted to the use of wire ligatures.

Upon the whole, our meeting was a success, more so as it respects ability of papers presented than as to numbers. The weather during the session was rather unpropitious, which perhaps kept some away who otherwise would have been present.

Two years ago, it was resolved by the Society that Louisville should, in the future, be the permanent place of holding our annual meetings. But at this meeting we have agreed to re-inaugurate the old plan of a migratory Society. We shall, I suppose, hereafter meet wherever we may be invited to come. I think,

perhaps, this last change was brought about by an apparent dissatisfaction on the part of the provincials at the metropolitans for seemingly wishing to assume the privilege of keeping a *good* thing too much to themselves.

We shall hold our next meeting at Bowling Green, on the first Wednesday of May, next year, provided it does not conflict with the meeting of the American Medical Association. In such event a timely notice will be given.

Dr. McCormack, of Bowling Green, was elected our next president.

Yours very truly,

T. B. GREENLEY.

P. S.—Hope Georgia will be largely represented at Cleveland in June. Be glad to see you and Dr. Powell present.

Yours, etc.,

G.

THIRTY-FOURTH SESSION OF THE GEORGIA STATE MEDICAL ASSOCIATION.

LETTER FROM ATHENS, GEORGIA.

Messrs. Editors :

The body convened in the court house at Athens, on Wednesday morning, April 18th. Dr. Holt, of Macon, in the chair. About fifty members present.

Dr. Gerdine, of Athens, delivered the address of welcome in his happiest style. Dr. Holt, the retiring president, introduced the present president, Dr. K. P. Moore, of Forsyth, who occupied the remainder of the morning session with a very interesting address on the subject of *Common Sense vs. Aestheticism*.

AFTERNOON SESSION.

A few new members from Athens and the surrounding country were enrolled.

Resolutions of sympathy were passed for Dr. L. D. Ford, of Augusta, and Dr. J. T. Johnson, of Atlanta, in their long continued illness.

SECOND DAY'S PROCEEDINGS.

The Association was called to order by the President, and the minutes read and approved.

The Secretary read letters from absent members.

The Secretary read an invitation from Mrs. Dr. C. W. Long, inviting the Association to call at her residence this evening from 7 to 8 o'clock.

On motion of Dr. Armstrong, the invitation was accepted, with the thanks of the Association.

On recommendation of the Board of Censors five new members were elected.

The committee on necrology made a report through Dr. Foster, their chairman. Report adopted.

The committee on prize essays made a report, which was adopted.

Voluntary contributions were called for, to be read by title, and to be called up at the pleasure of the Association.

A paper on Acute Dysentery, by Dr. J. W. Duncan, of Atlanta, was read.

Dr. Noble, of Atlanta, in behalf of Dr. Taliaferro, who was kept away by sickness, presented a number of instruments.

The report of the auditing committee was made through Dr. Holt, of Macon, and adopted.

A case was reported by Dr. Summey, of Stone Mountain, through Dr. Hamilton. The report was ordered sent to the committee on publications.

This was a case of "Pencil in the bladder." A pencil about five inches long was taken from the bladder of a young girl, around which was encrusted a phosphatic deposit, and the surmise by the reporter was that the PENCIL *had been swallowed nine months before the operation.* This ground was accepted as probable by about a half dozen members. The great majority, however, thought it more probable that the pencil entered through the urethra. It is fair to state that the girl had dysentery with bloody discharges shortly after it was claimed she had *swallowed* the pencil, but there was no evidence of any of the contents of the bowel having entered the bladder.

Dr. H. J. Williams read an article on typhoid fever.

A resolution by Dr. A. W. Griggs, of West Point, that the President of this Association appoint a committee of nine to memorialize the Georgia Legislature to amend the present laws in reference to dissection, to the end that our medical colleges may be placed on an equal footing with other colleges, was adopted.

The President appointed Drs. H. V. M. Miller, T. S. Powell, Wm. Perrin Nicolson, W. S. Armstrong, J. B. Baird, G. G. Crawford, W. F. Westmoreland, of Atlanta. Dr. DeSausure Ford, Augusta; Dr. C. H. Hall, Macon.

A paper on typhoid fever, by Dr. L. G. Hardman, of Harmony Grove, was read.

The hour having arrived for the annual oration, Dr. A. W.

Griggs was appointed by the President to deliver the oration, in the absence of the orator elect.

The committee to nominate officers for the ensuing year was appointed.

Adjourned for dinner.

AFTERNOON SESSION.

The nominating committee reported the following officers for the ensuing year:

Dr. A. W. Calhoun, of Atlanta, President; Dr. R. J. Nunn, Savannah, first vice-president; Dr. M. P. Deadwyler, Elberton, second vice-president; Dr. Jas. A. Gray, Atlanta, secretary; Dr. A. W. Griggs, West Point, censor; Dr. J. S. Todd, Atlanta, censor; Eugene Foster, Augusta, censor.

A resolution was introduced by Dr. Holt, of Macon, returning thanks to the resident physicians of Athens for their kindness. To the faculty of the University for an invitation to visit the grounds, etc., of the University; to the principal of the Lucy Cobb, and also to Dr. Lipscomb.

The Association adjourned to meet in Macon on the 3d Wednesday in April, 1884.

The adjournment on the second day was unprecedented in the annals of the Association, with perhaps one exception. It was done late in the afternoon of the second day, when many were absent, and we think against the wish of the majority of the members.

A number of papers were ready and would have been read on the third day. It is to be hoped that the transactions will not be delayed ten or eleven months this year as they were last. All members, whether they attend the Association or not, have to pay three dollars annual dues, and it is certainly due them that they should receive this little book (the Transactions) earlier in the year than the eleventh month.

Altogether, this the 34th session of the Association might very well be blotted out of its records entirely, so far as its work as an Association is concerned, without much loss to the most of its members. But it is a dark cloud that has no clear spots. The social feature of the meeting was a grand success. The receptions and entertainments on Wednesday night, and the banquet on Thursday night, will ever be remembered with pleasure—thanks to the Doctors, and people generally, of the hospitable little city of Athens.

It is to be hoped that at the next meeting (in Macon) a chance will be afforded for more papers to be read.

"A MEMBER."

OBSERVATIONS ON THE MANAGEMENT OF ENTERIC FEVER ACCORDING TO A PLAN BASED UPON THE SO-CALLED SPECIFIC TREATMENT.

By JAMES C. WILSON, M. D.,

Physician to the Jefferson Medical Hospital, and to the Philadelphia Hospital.
(Read January 3, 1883.)

I desire to lay before the college a plan of managing enteric fever, which I have employed during the past year, and which, tested by such uncertain but not necessarily fallacious means as are available for a limited series of cases, has yielded satisfactory results.

The object of this communication will, I believe, be best attained by first sketching in outline the plan of treatment itself; next, by reviewing the considerations which led to its adoption, and finally by a brief study of the cases. This arrangement of the topics will enable us to economize time.

The Plan of Treatment.—The scope of this paper, and the necessity to be brief, debar me from the consideration of the general management of the patient, dietetics, the treatment of complications and sequels and of the prophylaxis; and restrict me, in the main, to the subject of the management by medicinal means. It is, in fact, this part of the treatment that, superadded to so-called rational and expectant method in general use in this community, differs from the common practice and constitutes the plan in question.

So soon as the patient is found to have enteric fever, or, in many instances, so soon as his symptoms warrant a reasonable suspicion that he is about to develop it, he is put to bed, ordered a diet consisting of milk, animal broths, jelly and simple custards, in small amounts, and at intervals of two or three hours. At night he is given a dose of calomel. This dose varies in amount from $7\frac{1}{2}$ to 10 grains (0.5 to 0.66 gramme) and is repeated every second evening until three or rarely four doses have been administered in the course of the first six or eight days. It is given alone or in connection with sodium bicarbonate. There is commonly a slight increase of diarrhœa, if it be present, without aggravation of the other symptoms, and in some instances the tendency of the temperature at this time to steadily rise, appears to be controlled. If, as is frequently the case, spontaneous diarrhœa has not recurred in the first week, the calomel usually brings about two large evacuations on the day following its administration, not more. In either case the tendency to frequent passages in the later stages of the attack is favorably influenced by the repeated administration of this drug during the first week. If the case does not come under observation until the 10th day, one, or at most, two doses of calomel are given. No further doses of it are, however, given during the course of the attack unless constipation occurs. In this event

if the evidences of extensive or deep implication of the intestinal wall, such as abdominal pain, tenderness or marked tympany are absent, calomel in $7\frac{1}{2}$ grain (0.5 gramme) doses is given at intervals of three or four days. If there is reason to suspect serious intestinal lesions, the lower bowel may be more safely emptied of its contents every third or fourth day, by enemata of moderate size (8 to 10 fluid ounces). It is necessary to bear in mind that the gravest lesion of the gut leading even to hemorrhage and perforation, have occasionally been observed in cases characterized, not only by constipation, but also by an entire absence of pain or tenderness, and very moderate tympany. The danger of salivation from calomel in these doses in enteric fever appears to be slight. In only one case in sixteen were the mercurial fetor and slight swelling of the gums observed.

Excessive diarrhœa has been controlled by the use of opium, either in suppositories, containing 1 grain (0.06 gramme), or by the mouth in quarter-grain (0.016 gramme) doses, often associated with bismuth, and given *pro re na:a*. It is an invariable rule that the patient be kept in the horizontal position and to the use of the bed-pan and urinal, from the time of the recognition of the disease until defervescences is completed. He is, however, turned upon his side from time to time, and made to maintain that position for twenty or thirty minutes, if necessary, being supported by the nurse.

From the beginning of the attack the following mixture is regularly administered in doses of one, two or even three drops in a sherry-glassful of ice-water after food, every two or three hours during the day and night:

R	Tinct. iodinii,	f 3 ij	8		oo c. c.
	Acid. carbolici liq.,	f 3 j	4		oo c. c.

M. Unless some unusual circumstance occur to render a change necessary, this medicine is not suspended until the attack draws to a close. It is well borne by the stomach and excites no repugnance on the part of patients. In one case only has it been necessary to omit the carbolic acid on account of the disgust assumed by its odor.

Partly for the sake of its favorable influence upon the skin and for the sake of cleanliness; partly because of its favorable though slight influence upon the temperature, the patient is to be sponged twice a day with equal parts of aromatic vinegar or alcohol, and cold water. If it is more grateful to him, the sponging may be done in tepid water, the evaporation of an extensive film of water not below the temperature of his body probably being not without a refrigerating tendency.

When the evening axillary temperature reaches 104° F. (40° C.) quinine in massive doses, 24 to 30 grains (1.66 to 2.00 grammes) is given upon a falling temperature. I usually direct 8 to 10 grains to be given in solution at 5, at 5:30, and at 6 a. m. the following morning. Administered thus at the decline of the temperature in its diurnal revolution, these large doses of quinine depress it from 2.5° to 3.5° F. (1.4° to 1.8° C.). After the lapse of forty-eight to

seventy-two hours, it necessary the dose may be repeated. If these doses be rejected by the stomach—an unusual circumstance—half the quantity of quinine may be administered hypodermically. For this purpose a citric acid solution is to be preferred. Since the adoption of the plan of treatment under consideration, I have not encountered cases attended with such hyperpyrexia as has rendered attempts to control it by cold baths necessary or even advisable.

The minor nervous symptoms are best held in check by skillful nursing. For the relief of the headache of the first ten days, absolute quietude, a dim light, etc., are often sufficient; occasionally the bromides alone, or in combination with chloral, are required. Later in the course of the disease chloral is unsafe. From the end of the first week the patient cannot be left unattended, even for a few minutes, without risk. Persons in whom delirium was only occasional and transient, have in many instances destroyed themselves during the momentary absence of the nurse.

Alcohol is not often indicated prior to the beginning of the third week. It may, however, by reason of the habits of certain patients, be necessary throughout the attack. Although forming no essential part of the treatment, it is commonly administered in varying though usually small amounts towards the close of the sickness. Some patients do well without taking it at all. It is of course administered in accordance with well-understood indications upon the supervention of delirium, ataxic symptoms and the evidences of failures of the forces of the circulation. The patients are carefully watched well into convalescence, and cautioned against too soon regarding themselves restored to health.

The dangers of the establishment of a focus of contagion are guarded against by the systematic, thorough disinfection of the stools immediately after they are voided.

The considerations which induced me to adopt this plan of treatment indicated in the foregoing sketch, are :

1. A feeling of dissatisfaction regarding the expectant method of treating enteric fever. This feeling, vague at first, grew more definite and stronger with clinical opportunities, and a fuller knowledge of the natural history of the disease, until it became a motive, impelling me to cast about for some different and more satisfactory plan. This feeling has been during the past decade a very general one in the profession in all parts of the world, as is attested by an almost endless succession of journal articles setting forth new plans of treatment, and the use of new drugs in the management of this, the most common and most important of the acute infectious diseases of the present epoch in medical history. Most of the plans thus suggested have led to disappointment when tested by the fuller observations of the profession; many of them have failed to attract general attention, and some few are still *sub judice*. Their number and diversity bear witness to a wide-spread distrust of the once well-established expectant treatment. This distrust is, however, based upon something more tangible than a mere feeling of dissatisfaction. The statistics of all observers whose cases have been sufficiently numerous to be trustworthy,

show enteric fever to be, when treated by the expectant plan, a disease of high death rate.

2. Enteric fever is the very type of the general diseases, of affections *totius substantiæ*. The tissues are universally implicated in the morbid processes; no function of the body wholly escapes perturbation. For this reason, plans of treatment suggested by the prominence of certain groups of symptoms, or by the known lesions of particular organs, even though of undoubted benefit as far as they go, are in theory unsatisfactory, because they are directed in effect against conspicuous manifestations of the cause of the sickness rather than against the cause itself.

Whilst in actual practice, the treatment by turpentine, by alcohol, by opium with lead, or the silver nitrate, or by agents capable of controlling the febrile movements, as quinine, digitalis, salicin, and the salicylates, even the cold-water treatment itself, although at times, and in the hands of certain clinicians showing favorable results—all these have failed of general acceptance on the part of the profession.

3. The general character of the disease, the specific nature of its cause, the unsatisfactory results alike of an expectant and of a symptomatic plan of treatment, or rather of the two combined, have united to render the idea of a specific treatment, a true cure for enteric fever, a most attractive one, to stimulate thoughtful observers to renew again and again the disappointing search for it. To this idea may be traced the treatment by the mineral acids, by quinine alone, by quinine and digitalis, by iodine, by the potassium iodide, by calomel.

4. Not only is the conception of a specific treatment for specific diseases a most attractive one, and the attainment of such a treatment for enteric fever brought within the bounds of a reasonable hope by the analogy of syphilis and the malarial diseases, but the search after it with due caution and judgment, has also the warrant of the very highest medical authority.

The treatment adopted is thus seen to consist of the use of the two remedies that are proved to exert a favorable influence upon the disease, iodine and calomel, with the addition of carbolic acid in minute amounts. I am aware that no positive conclusions as to the efficacy of particular plans of treatment can be deduced from a limited series of cases. I am also aware that few acute diseases show greater variations in intensity and in the percentage of mortality at different periods, and under different circumstances, than enteric fever. Nevertheless, I have ventured to occupy your attention with this subject to-night, because the results of the treatment encourage me to hope that its discussion in this way will lead to its trial on a more extended scale. That it amounts to a specific treatment in the narrow sense is not affirmed. It is tentative, provisional, but it is, nevertheless, to be regarded as a contribution to the subject of the specific treatment of enteric fever.

The total number of cases treated by this plan is sixteen; all recovered, one being now in the second week of convalescence.

Of these, eight were severe, the temperature reaching or exceeding 104° F. (40° C.).

Of these eight severe cases, one was characterized by uncontrollable vomiting in the third week. The patient retained no food taken by the mouth for five consecutive days.

One case was very irregular in its course, and was complicated by an abdominal abscess which discharged by the bowel. The temperature in this case on two occasions attained 105° F. (40.5°C.) This case presented the characteristic eruption of enteric fever.

A third case was prolonged by a severe relapse.

Of the eight cases in which the observed temperature did not at any time attain 104° F. (40° C.), and which was therefore looked upon as medium or mild cases, one was complicated by crural phlebitis, and another by the occurrence of intestinal hemorrhage.

The average duration of the eight severe cases was about 31 days; that of the eight mild and medium cases was about 25 days.

Of the whole number, ten were treated in hospital, six in private practice. All from the time of their coming under observation were under my personal care.

In two cases the special plan of treatment was abandoned about the beginning of the third week on account of the supervention of unusual symptoms of great gravity. These related respectively to gastric irritability and an obscure abdominal abscess.—*Chicago Med. Jour. & Examiner.*

OBSTRUCTIONS IN THE LARYNX AND TRACHEA.

By E. FLETCHER INGALS, A. M., M. D., .

[Read before the Illinois State Medical Society, May, 1882.]

In October last a boy eleven years of age was brought to me from Waukegan, suffering from severe dyspnœa caused by a foreign body in the air-passages.

I learned that a month previously, while cracking a hickory-nut with his teeth, the boy was made to laugh, when a piece of the shell was drawn into his larynx. Severe cough and dyspnœa resulted, but after a few days the latter nearly subsided, though the cough remained. Thus he continued for three weeks. Then the dyspnœa again became troublesome, and it steadily increased up to the time when he was brought to my clinic, at the Central Free Dispensary, one month after the accident. I found the patient very hoarse and greatly troubled for breath.

A laryngoscopic examination was made, but the boy's timidity prevented me from obtaining a satisfactory view of the lower part of the larynx, though I obtained a glimpse of the glottis, which enabled me to determine that no body of any considerable size was lodged between or above the vocal cords.

As the changes which had taken place in the boy's symptoms during the last few days indicated that the foreign body was not likely to change its position within a few hours, I did not press the examination further, but directed the patient's mother to bring

him to my office the following morning; but, to avoid accident, I cautioned her to send for me at once should any serious dyspnoea occur during the night.

This was at five o'clock in the afternoon. Four hours later I was summoned, by telephone, to see the patient immediately at his lodgings.

I found him in a small room so damp and chilly as to endanger the life even of a perfectly healthy child. There was no place for a fire, the ceiling was wet from recent rains, and in some places the carpet was soaked with water.

The child was laboring for breath, the soft parts falling in with each inspiration, and suffocation was certain to ensue within a short time unless relief could be obtained. I at once set about finding a better room, which was soon secured in a neighboring hotel.

Doctors R. S. Hall and B. W. Griffin came to my assistance, and as the patient's condition precluded the idea of further laryngoscopic examination, no delay being permissible, we made immediate preparations to open the trachea.

The body being fixed, there could be no objection to an anæsthetic; therefore chloroform was used, which is not, like ether, liable to explode in consequence of ignition from the lights.

After dividing the skin with my scalpel, I attempted to reach the trachea by means of the galvano-cautery, hoping thus to avoid accidental hemorrhage, which might occur when operating in a poor light; but the poor light, and my assistant's difficulty in controlling my battery, with which he was unfamiliar, rendered this part of the operation unsatisfactory. Meantime the patient stopped breathing. I then threw aside the galvano-cautery and speedily worked my way down to the trachea and opened it with the handle and blade of my scalpel. Artificial respiration was then instituted and continued a few minutes until natural respiration was established.

I then introduced my tracheal forceps, and having found the trachea clear, turned them upward, when I found the shell firmly embedded in the larynx just below the vocal cords. It was so firmly held that several times the forceps slipped off before I succeeded in extracting it. The piece of shell was of triangular form, with sharp borders and angles. It measured three-fourths of an inch in its longest diameter, by half an inch across its base. The shape would allow of its passing through the glottis lengthwise, with its sides anteriorly and posteriorly, and while it remained in this position in the trachea it would not greatly obstruct the calibre of the tube; but, soon as it became turned, very little space would be allowed for the passage of air. If it had been short enough so that it could have turned horizontally across the trachea, it would very likely have caused fatal suffocation during some of the paroxysms of cough which occurred soon after the accident.

From the history I concluded that the shell had at first fallen into the trachea, where it had remained three weeks, and that then it had been coughed up into the larynx, fortunately lodging edge-wise. The night before I saw the child he nearly suffocated, either from change in the position of the shell, or from spasm and swell-

ng of the larynx, induced by the irritation which it set up and his bad surroundings.

After the operation, I introduced a tracheal tube and allowed it to remain three days, until the inflammation of the larynx had subsided.

Broncho-pneumonia supervened, the temperature rising four or five degrees, but by the end of the fifth day the untoward symptoms began to disappear, and the child subsequently made a speedy recovery. In eight days after the operation the wound was closed so that no air escaped through it, and the patient left the city. I saw him about four weeks later. The wound had entirely healed and the voice perfect.

A few weeks after treating this case I was asked by my friend, Dr. W. S. Dorland, to see a child eighteen months old, who had drawn a bit of bone into the larynx the previous evening.

A neighboring physician had been summoned when the accident occurred, but as there was but little dyspnoea and there seemed no immediate danger, Dr. Dorland, who was the family physician, had not been called until the next morning. He found the child suffering from a little dyspnoea, but no hoarseness, and yielding slight signs of obstruction in the air-passages.

The Doctor told the friends he wished to bring me in to see the case, and we arranged to go at 4 o'clock in the afternoon of the same day, which was the earliest convenient hour.

Just as we were starting we received a telephone message that the child was in a convulsion. We drove rapidly to the house, but did not arrive until the child had, to all appearance, been dead for half an hour; indeed, it had ceased to breathe before the messenger left the house to telephone to us. An examination showed that the heart had ceased to beat, and the appearance of the body precluded the idea of resuscitation.

A post-mortem examination was made the next day, and the bone was found firmly fixed in the sub-glottic portion of the larynx, where it had caused considerable laceration and ulceration of the mucous membrane, showing that it must have been in that position for several hours. Upon examining the heart, Dr. Dorland found a firm, white, fibrinous clot, extending from the left ventricle through the aortic valves, and a few small, dark clots in the right side of the heart.

Each of these cases illustrates the danger of delaying the operation for the removal of foreign bodies from the air-passages.

The autopsy in the latter case revealed one of the dangers from obstruction of the air-passages which has not been appreciated by the profession, viz: the formation of a heart-clot as a result of the obstructed respiration. This seems to me a matter of very great importance, particularly when the obstruction results from pseudo-membranous deposits.

Tracheotomy, when performed for the relief of patients suffering from diphtheritic croup, is much more successful if done early; different reasons have been assigned for this by those who favor and those who oppose the operation.

The former claim that when the operation is delayed the blood becomes so charged with carbonic acid that its elimination is often impossible after a free passage has been made, and that the depression caused by the obstruction, favors the more rapid deposit of false membrane, so that only a small percentage can recover of those operated upon after suffocation becomes imminent.

On the other hand, those who are not in favor of tracheotomy in this condition, claim that the greater percentage of favorable results in those who are operated upon early is mainly due to the mildness of the attack, and they infer that most of the favorable cases would have recovered without the operation.

Though there is much plausibility in the reasons assigned by both parties for the greater percentage of recoveries after early operations, I believe that in many cases an early operation saves life by preventing the formation of a fatal heart-clot.

This little child died in twenty-two hours after the accident, and though she had previously been perfectly healthy, the autopsy revealed a firm ante-mortem heart-clot. It must not be forgotten that this patient had experienced but comparatively little dyspnoea, excepting during three or four short paroxysms which occurred at irregular intervals after the accident.

If a firm clot can be formed under such circumstances, how much more likely is it to be formed in patients suffering from the depressing effects of diphtheria when the obstruction of the larynx throws an increased burden on the already weakened heart?

In a case of diphtheritic croup upon which I recently performed tracheotomy for Dr. David Dodge, I examined the child's heart at half-past ten in the forenoon, and found it beating rhythmically, without abnormal sounds. I had seen the child an hour and a half previously, and had thought the operation advisable; but at this time the breathing was easier, so that we concluded to wait until the afternoon, hoping that improvement might take place.

We met at 5 o'clock in the afternoon of the same day, and found the child so much worse that it seemed impossible for it to survive more than twenty-four hours at most, unless the dyspnoea could be relieved.

I then opened the trachea and inserted a tube. Shortly after the operation was completed I placed my ear over the base of the heart and discovered loud murmurs, which I feared came from a heart-clot; but subsequently the sounds were so changed that I concluded they came mostly from the pericardium. These sounds gradually became less distinct and finally disappeared about the fourth day, without other evidence of pericarditis; therefore, considering the character of the murmur as first heard, I still suspect that there was also a clot, which finally softened and was absorbed. The child made a complete recovery in about two weeks.

In cases of foreign bodies in the air-passages the rule should be to operate as soon as possible, if the inversion method does not succeed in removing them.

In membranous croup, especially if of diphtheritic origin, the operation in order to be most successful must be done early, be-

fore the dyspnœa has become marked; but, even after there is great obstruction, the operation should be recommended, excepting in the most malignant cases, for it will occasionally save desperate cases, and, even though it should fail to save the patient's life, it will save him much distress.—*Ind. Prac.*

GALLSTONES SUCCESSFULLY TREATED WITH OLIVE OIL.

Before relating these cases I deem it my duty to say that the treatment about to be mentioned is not original with myself. I got it from a medical journal, published, I believe, in Wisconsin. It is now some years past.

If I remember correctly, the author of the article containing the treatment, excused himself for obtruding one more among the vast number of remedies for gallstone, with the plea that he had suffered from the affliction for several years, and had tried everything recommended by text-books and Journals without avail, and at last had been induced by a neighbor, a farmer, to try sweet oil. He did so, cured himself, and has since cured several other persons of the same painful trouble.

Fortunately for myself, I have never been a sufferer from gallstones, but I take the liberty of once more obtruding this homely, but effective remedy before the medical public.

The treatment as recommended, is to give the patient, after the bowels have been evacuated by a light laxative or water-enema, a large dose of oleum olivæ, $\bar{3}$ x—xij.

After taking, the patient must remain perfectly quiet in bed, lying on the side with the pelvis slightly elevated for, say, three hours, or until the oil begins to act.

In this way, I have treated five cases—all with the happiest results.

CASE.—J. K., 46 years old, British seaman, entered the Touro Infirmary, suffering from intense icterus, but no fever. Considerable tenderness in right hypochondrium; liver somewhat enlarged. Said that he left the hospital in Liverpool just before shipping for New Orleans, where he had gone with a similar attack of jaundice, which came on after a severe pain in his side and belly.

Diagnosis.—Gallstone. Patient placed on light diet. Bowels freely evacuated by castor-oil and turpentine. After that, ordered Carlsbad water treatment. All went nicely. The stools began to color, and the icterus to disappear. A week subsequently, at my evening visit, I found the man suffering from violent colic. His abdomen was swollen, and he vomited incessantly. Pulse quick and small; body bathed in perspiration. Ordered warm flax-seed poultice to patient's abdomen. Gave, hypodermically—

Morph. sulph..... gr. $\frac{1}{4}$,
Atropiæ sulph..... gr. 1-48.

Repeated the morphine in half an hour but without relief. Then

resorted to chloroform inhalations for some two hours, till the pain subsided, and sleep came on.

Next morning, much prostration, intense icterus, white stools. Repeated the castor-oil and turpentine, and instead of Carlsbad water, ordered Durand's treatment—three parts of sulph. ether to two parts ol. terebinth—a teaspoonful every morning.

Things again went on nicely. The stools began to look natural: the skin to lose its yellow hue. In ten days, however, he had another attack, quite as violent as the first, and the same means had to be resorted to, to relieve pain.

That evening, in looking over my journals, I came across the "sweet-oil treatment," and at once ordered the nurse to give the patient a full water injection before my morning visit.

At 9 o'clock a.m., gave him ol. olivæ, $\frac{3}{4}$ xii, and saw that the position recommended was observed.

In two hours and a half his bowels began to move, and to my astonishment, such a number of stones was passed as to fill two ordinary strawberry baskets—nearly two pints—some as large as walnuts.

I ordered the nurse to clean and put them in a bottle, to be shown at our regular weekly medical meeting. But unfortunately, in his zeal to preserve them, he covered them with alcohol. In consequence they were almost totally dissolved.

After a lapse of a week, detecting slight tenderness and a little tumor in the right hypochondriac region, I repeated the oil, with the same result, only not so many stones were passed.

Three weeks later the patient left the hospital apparently well, but took care to provide himself with a bottle of sweet-oil.

The four other cases were three females and one male—one being a lady sixty-five years of age. Nothing besides the olive oil was used on these patients. All of them discharged large quantities of stones, having suffered previously for many years. Since that time they have remained well. All four cases reside in the city, and I am able to keep them under observation.—F. LOEBER, in *N. O. Med. Journal*.

KOCH'S REPLY TO HIS CRITICS.

In a recent communication to the *Deutsche Medicine Wochenschrift*, Dr. Robert Koch has published an elaborate review of the various criticisms made against his experiments and conclusions regarding the tubercle bacillus.

He premises by saying that investigators have somewhat lost sight of the chief point which he made, viz: that tuberculosis must be a parasitic infection because he caused it by inoculating the isolated parasites. He refers to the fact that in nearly all instances the bacilli have been found in phthisical patients and in no others. The few failures he attributes to lack of diligence in examination, the bacilli being sometimes few in number, or to want of skill in microscopic technique.

He then takes up the various criticisms and answers them in detail. We observe that it is only among Americans and Ger-

mans that he finds persons who have ventured to oppose his views.

Dr. Ephraim Cutter's opinion that Koch's discovery is not new, and that his bacilli are only the "babies" of Salisbury's *mycoderma aceti* is stated without comment.

Dr. Rollin R. Gregg "appears to have considered," says Koch, "that microscopical investigations would be superfluous for the establishment of his views."

Schmidt is commended for his honest desire to find the bacillus, but is advised that it would have been better if he had had the patience to wait till he had obtained good colors and learned how to use them, before announcing fat-crystals as bacilli.

Dr. Formad, of Philadelphia, is complimented as a more skillful microscopist. Still he has not, Koch thinks, yet learned to distinguish the bacilli of tuberculosis. He is further accused of being a prejudiced observer, having certain preconceived views regarding the lymphatic system of scrofulous animals. Finally, Koch states that Dr. Formad cannot give authoritative evidence upon the subject of tuberculosis until he has learned to find the bacilli with certainty, and until he has made himself familiar with the literature of tuberculous inoculations, especially of those of Cohnheim and Salomonsen, Hansell, Schuchardt, Baumgarten, and Damsch, and until he has become sufficiently expert in experimental technique not to let his animals inoculated with wood, glass, and metal, die of tuberculosis.

Turning then to his German critics, Koch says: "If one thinks that German medicines cannot bring forth such blossoms of tubercle-bacilli literature as America, he is mistaken."

Beneke, who discovered, as he thought, bacilli in the ethereal extracts of the blood of healthy men, really found, says Koch, fat-crystals, like Schmidt's.

Cramer announced that by using Ehrlich's coloring method he had found bacilli in the stool of twenty healthy persons. Koch cites contrary results obtained by Gaffky, and states that Cramer's bacilli were not identified with those of tuberculosis.

Balogh found in the Berlin mud, after a rain, bacilli like those of tuberculosis. Koch, from examinations of his own, contradicts Balogh, and denies any value to the inoculation experiments made by that investigator.

Schottelius produced anatomical tuberculosis in dogs by causing them to inhale masses of finely pulverized non-tuberculosis matter. Koch states that the anatomical appearance is not the criterion of what is tuberculous matter, and that Schottelius' experiments are completely contradicted by those of Bertheau and Wigart. Koch also argues against the view of Schottelius that bovine and human tuberculosis are not identical.

Detweiler has tried to show that the bacilli of tuberculosis are accompaniments, not causes of phthisis, because their inoculation is always followed by acute miliary tuberculosis, not by the pulmonary phthisis seen in man. Koch thinks he would change this view if he had a better knowledge of the pathology of tuberculosis.

Koch finally reviews Spina's recently published criticism, which has excited much attention, because this critic alone had repeated Koch's cultivations and inoculations.

Koch says that "Spina's microscopic technique is almost entirely different from that employed to-day in the study of bacteria." He speaks of Spina's "mistreatment of the bacilli with coloring methods," compares his work with that of Schmidt, and believes that all the new conclusions of Spina as regards staining are valueless. Spina's cultivation and inoculation experiments are also characterized as imperfect and ill-conducted, and as being but "characatures" of Koch.

Koch's reply shows how exacting and careful all experimenters must be in order to test fairly the problem he claims to have solved. It shows also Koch's great confidence in the fact that he alone so far has carefully, accurately, and impartially studied and settled the question.—*N. Y. Med. Record.*

Pneumonia.—Dr. Clarke, in the Chicago Medical Times, says of the treatment of pneumonia: "The entire affected section of the lung should be thoroughly rubbed with turpentine and lard, *warm* (any animal oil will do, but vegetable oils, as olive oil, are not so good,) every two or three hours, according to severity of symptoms. Over this at once lay a poultice of corn meal mush, as warm and thick as can be borne, having a thin cloth or piece of mosquito bar netting between the poultice and the skin; in place of the corn meal, flaxseed may be used. Should the turpentine prove too irritating, use more lard and less turpentine. On no account suffer the skin to be injured or made so tender that the application cannot be borne until convalescence comes on. This external application is the most important part of the treatment. If the temperature is high, frequent sponge bathing, with water, at an agreeable temperature, is beneficial, and better than salicylate of soda or anything else I have ever heard of. Internally, veratrum or aconite, according to indications, with nitrate of potash and ipecac as expectorants. Milk diet, with whiskey after two or three days, in case of prostration, completes the scheme. Complications must be met by appropriate means, and I mention pleuritic pains, which may often appear, as justifying an opiate of the form best tolerated by the patient. In all, very little medicine is needed. The tendency at the present time is to give too much medicine to these cases. I have already indicated that all I have found best or necessary in any ordinary case, and must repeat that, with good, fair nursing in this climate, the cases of uncomplicated fatal pneumonia should be very rare.

Chlorate of Potassium in fine powder has yielded excellent results when dusted on to the surface of ulcers and ulcerating epitheliomata. The surface should be cleansed and the powder dusted thickly on, and twice a day. It relieves pain and promotes healing by changing the character of the morbid processes.—*Weekly Med. Review*, March 3d.

ABSTRACTS AND GLEANINGS.

Colic in Children.—The Medical Times and Gazette says: In a clinical lecture delivered by Hofrath Prof. Widerhofer, and reported in the Allg. Med. Zeitung, No. 22, we find the following observations:

By the term colic we understand an intestinal neurosis originating in irritation of a chemical or mechanical kind, of the sensory nerves of the mucous membrane of the intestinal canal. There may also occur purely nervous colic, wherein neither irritating ingesta nor a pathological state of the affair is present, excitement of the central organs being propagated to the nerves of the canal. In infants who are at the breast it is indigestible milk, and especially when this is too rich in fatty matters, that causes the colic; and when children during the first six months are fed with amalaceous food, before a sufficiency of saliva is secreted, colic is also produced. This occurs, too, when indigestible matters are swallowed, such as sand, small pebbles, etc.; and we have good opportunities of observing the operation of this cause in idiots, who often swallow such objects in great numbers. And here we have to meet the question, whether during the period of lactation the mental emotions of the nurse may not induce colic in the infant. It is beyond doubt that frequent mental emotions may induce colic with convulsions, which may be explained by the changes that are induced in the secretion of the milk. In the group of colics induced by irritation caused by the contents of the canal, must be included that caused by constipation, by worms and by the presence of foreign bodies. Of the morbid conditions of the mucous membrane which give rise to colic, enteritis folliculosa may be especially mentioned, and then scrofulous and catarrhal ulcers, the worst forms being observed in intussusception. Pure nervous colic appears in diseases of the spinal cord, and it may appear in hysterical form, which is not so very rare, and also as intermittent colic, with a regular rhythm as intermittent fever. We may also include metallic colic, which certainly occurs far more frequent in children than it is diagnosed, as might be expected from the frequency with which toys are made of or contain lead. As regards diagnosis, the purely windy colic produced by the collection of gases which distend the canal and irritate the sensory nerves, comes on with distention of the abdomen, ending with the expulsion of flatus. These attacks are paroxysmal, and are frequently accompanied by clonic convulsions, which may last for some minutes, and even for an hour or more. After the cessation of the paroxysm the child is either itself again or may remain dull and feeble. In the intervals of the attacks there are no essential cerebral symptoms perceptible. The prognosis depends upon the nature of the cause, but it has been questioned whether a colic of itself may prove fatal. Through the long duration of the accompanying convulsions, through the shock and the exhaustion of the nervous system, death may follow, and at the post-mortem

no anatomical cause of the fatal termination can be shown. Hysterical attacks of the colic especially concern very excitable children, nervous girls, and are characterized by violent pains, a drawn-in abdomen, slight convulsions, and obstinate constipation. In the treatment of colic, we must first endeavor to remove the cause. In suckling infants, colic is especially apt to occur when the nurse's milk exhibits a large proportion of fat, and in such a case the nurse should be changed. In flatulent colic, oleum chamomilæ or fœniculi may be given, with a drop of tincture of opium, as oleo-saccharate. In metallic and in hysterical colic, belladonna is the best means; and intermittent colic should be treated by quinine—*Medical and Surgical Reporter*.

Treatment of Spermatorrhœa.—Obstinate cases of spermatorrhœa and frequent nocturnal emissions constantly come under the care of the practitioner. Too frequently the medical man consulted simply tells the patient that if he breaks off the pernicious habit of masturbation, which has probably originated his malady, he will quickly recover. But in fact, in most cases, the habit has already been abandoned before he came to seek advice; and these cases do not get well for months or even years afterward, unless proper measures be taken. Knowing that he has left off this bad habit, and that he nevertheless does not improve, his complaint being made light of by the regular practitioner, and being greatly depressed in mind, he seeks the advice of the quack, who is always ready to benefit by these cases. I will give an outline of the treatment I have followed, and which I have found most successful in several such cases. The treatment should be, (1) Moral, (2) Hygienic, (3) Medicinal.

1. *Moral.*—(a) The pernicious habit of masturbation, which has probably been the origin of the complaint, must at once be discontinued, or no good can result from any treatment. (b) The thoughts should be directed from himself by his having regular work and exercise. (c) The anxiety of mind which ensues should be allayed as much as possible and a happy state of mind instituted.

2. *Hygienic.*—(a) The patient should have regular but not excessive mental employment, and bodily exercise in the form of walking, riding, or out-door sports and games. (b) Cold sponging of the genitals night and morning for some minutes, or as long as can comfortably be borne, is a most important agent in giving tone to the relaxed organs. (c) The patient should have a hard mattress, and as little and light clothing as possible at night. Care should be taken not to lie on the back, which may be prevented by wearing a knotted towel over the spine, or by some other device. (d) No quantity of liquid should be taken before retiring to rest, and the bladder should be emptied the last thing.

3. *Medicinal.*—A mixture containing tincture of perchloride of iron and tincture of nux vomica should be given twice or three times a day; also a pill containing a fourth or a third of a grain of extract of belladonna with three grains of camphor should be given at first every night, and then every other night, immediately be-

fore going to bed. If these lines of treatment be adhered to, the patient, whether suffering from real spermatorrhæ or simply from frequently returning nocturnal emissions, will steadily improve, and the emissions will occur less and less frequently, till, in the course of a few weeks, or possibly months—for a malady of long standing (as this usually is) is never cured immediately—they will cease altogether, or only occur at such intervals as may be deemed normal, and in which there is no harm whatever.—*Boston Medical Journal*.

Poisoning by Carbolic Acid.—Ruge (Berlin. Klin. Woch., Oct. 30, 1882, and Lond. Med. Rec., March 15, 1883), relates the case of a woman, æt. 59, who took by mistake for a dose of medicine a tablespoonful of concentrated solution of carbolic acid (95 p. c.). The whole quantity was swallowed. The instantaneous effect was a fearfully intense sensation of burning in the mouth and throat. The face became pale, the hands and feet cold and pulse scarcely perceptible. Vomiting did not ensue, so that the whole dose was retained. Fortunately antidotes were immediately procured. First, the patient drank freely of milk, and then of a mixture of milk, the white of an egg and carbonate of magnesia. After taking these, vomiting occurred. The white of the egg was returned in lumps like hard-boiled egg and the vomited matters had no smell of carbolic acid. The above treatment was continued for several days. It is remarkable that no special signs of the poisoning supervened. The urine voided was dark but free from albumen and soon became normal. No fever ensued. The interior of the mouth was corroded and very painful, the pain extending far down the œsophagus. The epigastrium was not tender to pressure. The mucous membrane of the mouth and tongue came away in shreds and large quantities of mucus originating doubtless in the œsophagus, were rejected by vomiting. The severe pain in swallowing continued six days, the patient being able to take only pultaceous food. Dysphagia slowly diminished, but had not entirely disappeared September 27, (the acid was swallowed August 23), solid food requiring a greater effort of digestion. In all other respects the patient was perfectly restored to health.—*Maryland Med. Journal*.

An Insect that Secretes Prussic Acid.—It has often been noticed by gardeners and others that some kinds of centipedes when caught, or otherwise irritated, emit an odor of prussic acid. G. Geldensteeden has shown that the insects do absolutely contain prussic acid, and that the acid is contained in glands in the skin, which lie symmetrically on both sides of the creature. The glands are situated in the adipose tissues, are of an elliptical shape, and about 5 mm. long.

M. DUMAS recommends water saturated with alum for use in extinguishing fires, and the French Minister of the interior has recommended that firemen should be supplied with facilities for using alum.

Dyspepsia.—Dr. Blackwood, in *Medical Times*, recommends the following “shot-gun” prescription in dyspepsia from hepatic derangement :

℞ Cinchonidiæ sulphatis.....	}	3 ss,
Euonymin		
Irisin.....		
Leptandrin.....		
Juglandin, aa.....		
Podophyllin.....		
Ext. belladonnæ.....		
Ext. nucis vomicæ.....	}	gr. x.
Ext. hyoscyami.....		

M. In pill, No. 60 div. Sig. One or two at bed-time.

Many stubborn cases of dyspepsia, that ran the gauntlet unavailingly of all sorts of peptonoids, has given way to this, and it is an admirable cholagogue on general principles. In scrofulous subjects, with deficient nutrition, I have had much benefit from minute doses of mercuric bichloride (the one-hundredth of a grain) in tinct. calumbæ comp, the dose being a drachm of the latter three times a day. Within a few weeks a most interesting case, treated by several physicians for organic cardiac lesion, has recovered under the remedies just alluded to. The palpitation, the supposed dilatation with compensating hypertrophy according to canonical dicta, has subsided; the patient can lie down, and sleep too, when incumbent; he has no night tremor or dread; he can eat, drink, and be merry now; whereas, before he was morose, taciturn, and a family nuisance; in short, he has dropped a minor dyspepsia, and with it a prognosed incurable heart-trouble. Dyspepsia, like charity, covers a multitude of troubles and sins, and a good deal of the “malaria” so fashionable with the fraternity, and with the laity also, is one or another form of indigestion.

Typhoid Fever.—A writer in *Brief*, relies upon turpentine in the treatment of typhoid fever as follows :

℞ Sugar.....	2 drachms,
Gum arabic.....	2 drachms,
Ol. turpentine.....	2 drachms.

Mix and thoroughly triturate in a mortar, and during the process slowly add four ounces of cinnamon water. Sig. One teaspoonful every four hours.

We allow the patient a bountiful supply of good, cold butter-milk, religiously avoiding those most innocent articles, beef-tea and chicken-water, while true as steel to all the laws of hygiene. If cordials are indicated, egg-nog, with the egg always left out. The dose is for an adult, to be graduated to the ages of children.

As soon as we ascertain a fever submitted to our care to be typhoid, we immediately resort to this medicine. If the patient has diarrhœa, we look for the number of discharges to diminish every day till it ceases—opium for the loose bowels always produces head symptoms of a most unpleasant character.

Electric Light in Surgery.—Mention was long since made in our columns of some curious experiments that have been made in Europe in lighting up internal cavities of the body by means of electricity, with a view to enable the physician better to "see into" the case. This method of exploration seems likely to become no novelty in surgery. Apparatus is now being made in Vienna for illuminating the throat, nasal passages, bladder, and other portions of the inner man. "Let daylight shine through" a person is an old idea, but the rendering the body transparent and making plain hidden recesses is a different thing.

Dr. Thomas Oliver, in an English medical journal, refers as follows to his own experience with this application of electricity:—

Having at the present time a patient in the infirmary who is suffering from hydatid disease of the liver, on whom the operation of abdominal section with incision of the liver had been performed, giving exit to about seven pints and a half of pus—I took advantage of the opportunity, and succeeded in lighting up the interior of the cyst by means of the electric light. For this purpose Mr. Payne devised and constructed a brass tube, electroplated, nine and a half inches length, and eleven-sixteenths of an inch diameter externally. One end of this tube was funnel-shaped, and the other was closed by a piece of glass; down this tube was inserted a narrow cylinder, which carried a Swan's lamp and the electric wires. This tube, with its glazed extremity, was smeared with carbolized oil, although, in future, I shall use carbolized glycerine for the window of the tube, and, with gentle pressure, I succeeded in passing through the abdominal incision into the liver. The lamp was at once lit, and I had the pleasure of observing a greyish-red condition of the wall of the cyst, studded across which were numerous yellow white spots, evidently pus; a slight oozing or sweating, was also noticed on the wall of the cavity. The illumination of the interior of the liver by means of the electric light was in every way satisfactory and successful; and although it is of little aid in the treatment of the case in question, it has shown us that the lighting up of internal cavities is now not only a possibility, but a matter of comparative ease. With the extremely small size of Small's lamp required (it is not much larger than an ordinary bean) which gives a light equivalent to that from cinders, and with the improved instrument which Mr. Payne is devising, I see how the electric light might become useful in operations for vesico-vaginal, or recto-vaginal fistula, and in certain diseases of the bladder.

Treatment of Placenta Prævia.—Dr. Hofmeir, assistant physician at the University Gynæcological Department of the University of Klinkik, met with forty-six cases of placenta prævia in a little over one year. His experience has led him to reject the expectant plan of treatment, and we will not withhold our congratulations on his arriving at such a happy decision. Thirty-seven out of forty-six cases were treated actively from the moment operative treatment was practicable. He did not wait till the cervix was dilated. The manual method of turning was

employed thirty times ; in three of the cases a foot was already down ; three times internal version was performed ; and in one forceps were used. It was observed in every case that the hemorrhage ceased whenever traction was employed on the fœtus. He considers that the principle of earliest possible intervention should not be departed from, even when the cervix is contracted and the external os tolerably small. In these cases the finger should be thrust through regardless of placenta, and a foot drawn down. When the placenta is centrally situated, or whenever the hemorrhage is copious, the danger to the mother is so great that danger to the child should not be brought in comparison with it. When once a foot is down, however, there is no longer any need for haste. On the contrary, too much speed may now bring about the very danger it has been the attendant's object to escape from. Thus, rapid delivery now—too rapid delivery—might and would, cause laceration of the cervix ; and this, in the bruised and wounded condition of the part, would undoubtedly be the cause of serious, harassing, and perhaps fatal hemorrhage. For these reasons, then, extraction, after a foot is once down, should be slow. Hofmeir is in the habit of injecting subcutaneously 0.4 gramm. of ergotine, and after a delivery syringing out the uterus with a 5 per cent. carbolic solution. The results obtained were just what might be expected when early and rational treatment is adopted. One death only occurred in the thirty-seven cases treated in the above manner, and in the fatal case death took place on the seventeenth day from pneumonia phlebitis ; she had, moreover, been treated by tampons for twenty-four hours before labor. These results compare well with those usually met with in placenta prævia—viz, a mortality of from 30 to 40 per cent. Of the thirty-seven children, seventeen were premature children, and three died in consequence of the perforation of the placenta. Perhaps Dr. Hofmeir is hardly fair to himself. The danger to the child from deprivation of oxygen is in placenta prævia so great that it is more than probable that a larger proportion of infants would have died had any other method of treatment been followed out.—*Med. Press.*

A Needle Five Years in the Body.—Case I. Mrs. W. in 1830 swallowed a large needle with a broken point. Considerable irritation occurred, the needle apparently lodging, and attempts to remove or force it down caused some vomiting of blood, and for two weeks afterward she brought up blood from the throat. About twenty years later she was seized suddenly while stooping with intense lancinating pain in the left hip joint, which made movement agonizing, and confined her to bed several weeks. Recurrence of this pain took place twice, at intervals of one and two years, in each instance the attack coming on suddenly while using the limb—always in the left hip. In 1874 she was instantly and violently attacked in the left shoulder and arm with an exquisite pain, worse even than the worst rheumatism. This was attended by more or less swelling, and was considered rheumatic, but resisted all treatment. It lasted several months, and disappeared of itself, and for nearly two years she experienced no

trouble. But in 1876 she was again similarly attacked, this time with a severe stinging pain with redness and swelling in the posterior aspect of the left arm, three inches above the elbow joint. All remedies failed to effect relief, when in applying a liniment, something wounded her hand, and on looking for the offending object a blunt needle-point was discovered, but so firmly held in its location that an incision was required, and considerable force was necessary to extract it with forceps. The needle was blackened, and had lost its smoothness. Careful examination showed the needle to be one of an ancient pattern which had long since ceased to be manufactured. Since removing the needle the lady enjoys perfect immunity from pain and is now a woman of eighty, with the physical and mental vigor of one of forty years of age.—*Southern Medical News.*

A New Treatment of Dysentery.—Dr. F. Rawle recommends the following treatment in the *British Medical Journal*, January 27, 1883:

First, having placed the patient between warm blankets, I proceed to inject a pint and a half of warm water, at a temperature of 90° Fahr. This is seldom retained longer than a few minutes, but is pronounced very grateful to the patient. When the water has soothed the mucous membrane of the colon and rectum, and brought away any *effete* matter, I then proceed to administer a small injection of two ounces, by measure, with a gum-elastic bottle. The form I administer is the following:

R Quiniæ disulphat. gr. x,
Tinct. camphoræ comp. ʒ iv,
Decoctum amyli ad. ʒ ij.

M., and when about milk-warm inject.

It is generally retained, but if ejected, it may be repeated after an hour or two. This I found of great service, and very grateful to the patient. I do not stop to inquire how it acts, but the effect is like magic. If griping pains be felt over the region of the epigastrium, I administer half-drachm doses of chlorodyne, in some aromatic water, mint, caraway, or aniseed. The diet, of course, should be of the most soothing kind; jellies, isinglass, linseed, toast and barley-water, *ad libitum*. Ipecacuanha I have found of little service, and have discarded it from my treatment. If any of my medical brethren will try these measures, he will not often be disappointed. I have used with advantage warm turpentine stupes on warm flannels, over the hypogastrium.—*Med. and Surg. Reporter.*

A Prognostic Sign of Pneumonia.—Dr. J. B. Sullivan, of Stanton, Michigan, contributes the following:

I have had considerable experience in the treatment of pneumonia, and have realized, as every practitioner must, that it is a formidable disease. I think I have detected a symptom which, when discovered, indicates an unfavorable prognosis, and the absence of which justifies a promise of recovery. I have relied on

it for twenty years. In a case of typical pneumonia we have five stages, viz: engorgement, red hepatization, gray hepatization, supuration and resolution. Dr. Stokes describes a stage of arterial injection, before engorgement, but I am content with regarding this as the first stage. Engorgement is congestion of the pulmonary vessels. During red hepatization the lung has a dull reddish-brown tint, and in this stage the sputa will reveal a breaking down of the lung substance, if such destruction is taking place. The pleura almost invariably participates in the inflammatory changes when the superficial portion of the parenchyma is affected. When red hepatization has existed for some days (as it usually does) the color becomes paler and whiter. Gray hepatization succeeds the red and its occurrence may be detected by the color of the sputa. It is at the onset of this stage that we have our sign. If the stage of red hepatization, as indicated in the characteristic reddish sputa, do not continue for at least thirty hours, the patient will die. This has been my experience. Practical physicians make a note of it, and report your observations in the *Age*.—*Med. Age*.

Quinine in Whooping-Cough.—Dr. Parker, in *Medical and Surgical Reporter*, says of the quinine treatment:

I give a teaspoonful of a solution of sulphate of quinine four, six, eight, or even ten grains to the ounce, oft repeated. This remedy does not disappoint in many cases in controlling the disease, and if properly used, and with perseverance, in actually curing it, or at least, shortening its course very decidedly. It seems to act as a destroyer of the fungi. It also nauseates and loosens the mucus in which they exist, and has also the valuable properties of a tonic. Unlike many of the other remedies which are so unsuccessfully exhibited in the disease, it has absolutely no injurious effects. The little patients begin to improve very shortly after the first two or three doses. I am fully convinced that a trial should always be made of the solution of sulphate of quinine in the strength and in the doses indicated, according to the age of the patient and the severity of the case; and after a few faithful experiments in this direction, no one will be able to say with truth that "the course of the disease could not be controlled by treatment."

Hypertrophy of Tonsils—Interstitial Injections.—Professor Moresco, of Cadiz, read a paper before the Congress of Seville (*Revista de Med. y Cirurgia practica*) in which he recommended the treatment of hypertrophy of the tonsils by interstitial injections of acetic acid: he reports two cases perfectly cured by this method. He gave the following as the advantages of his method:

1. Its facility of performance.
2. The impossibility of causing any serious results.
3. The gland preserves its functions.
4. It requires no interference with the patient's occupation.
5. It is absolutely painless.—*Rev. Mens. de Laryngol., d' Otol. et de Rhinol.—Med. News.*

Bi Carb Soda for Burns.—The application, a writer in *Popular Science Monthly* says: "All that is necessary is to cut a piece of lint or old soft rag, or even thick blotting paper, of a size to cover the burned or scalded parts, and to keep it constantly well wetted with the sodiac lotion as to prevent its drying. By this means it usually happens that all pain ceases in from a quarter to half an hour, or even in much less time. When the main part of a limb, such as the hand and forearm or the foot and leg, has been burned, it is best, when practicable, to plunge the part at once into a jug or pail, or other convenient vessel filled with soda lotion, and keep it there until the pain subsides; or the limb may be swathed or encircled with a surgeon's cotton bandage previously soaked in the saturated solution, and kept constantly wetted with it, the relief being usually immediate, provided the solution be saturated and cold. What is now usually sold as bicarbonate of soda is what I have commonly used and recommended, although this is well known to vary much in quality, according to where it is manufactured—but it will be found to answer the purpose, although, probably, Howard's is most to be depended on, the carbonate being too caustic. It is believed that a large proportion of medical practitioners are still unaware of the remarkable qualities of this easily applied remedy, which recommends itself for obvious reasons."

Greasing with Fat Bacon for Scarlatina.—Silas Hubbard, M. D., in *Peoria Medical Monthly*, writes:

In the March number of this journal Dr. J. M. Hole gives his successful experience of treating scarlet fever with inunction of hog lard. I would say that for more than thirty-five years I have treated many cases of scarlatina in part by frequently greasing the patient with fat bacon with satisfactory results.

Dr. Merrill contended that the good effect of lard inunction was that the fever spent itself upon the lard instead of the fat of the patient. I supposed that the good effects of the grease was either by killing the scarlatina bacteria or furnishing them food until they died a natural death.

So far as I know my brain originated the supposition that scarlatina is an attack of millions of parasites on the human subject, and to fight them I greased the patient, and recently have in a number of cases given frequent small doses of sulphur morning and evening to the well in the family afflicted with the disease, as a prophylactic. The patients recovered speedily, and the well did not take the disease, or had it lightly.

Mineral Acids in Summer Diarrhœa.—The mineral acids are very efficient in sporadic cholera and summer diarrhœa. The indications for their use are the profuse and watery character of the discharges, which are alkaline or neutral in reaction, due to outward osmosis from the serum of the blood, and the best of the acids is sulphuric acid given with opium. Hope's camphor mixture is also frequently used, especially in the pulmonary diarrhœa, with benefit.—*Bartholow.*—*Col. and Clin. Record.*

Dr. Cattaneo's Treatment of Hydrocele.—From the *Jour. de Med. de Paris*, we note the following treatment recommended by Dr. C.:

1. Puncture of the hydrocele with a capillary trocar of an aspirator, and evacuation of the fluid.

2. Injection of a solution of hydrate of chloral in quantity proportionate to the volume of the hydrocele and age of the patient; one to two grams of chloral for children, four grams for adults, and occasionally more in old men. The solution is made by dissolving equal parts of chloral in cold distilled water.

3. Cold applications to overcome the pain produced by the injection.

4. The injection is repeated if the absorption occurs too slowly.

The patients are kept in bed, and wear a suspensory bandage for some time after the termination of treatment. Dr. Lampagnani says that the effusion has not returned in any one of the seventeen cases operated upon by this method.—*Med. and Surg. Rep.*

Perchloride of Iron in Skin Diseases.—In the *Rev. Clin. di Bologna*. Dr. Carsarini thus sums up his experience:

1. Perchloride of iron is a most efficacious remedy in purpura hemorrhagica.

2. In the chloro-anæmia accompanying certain skin diseases—as rupia, eczema, impetigo, etc.

3. Its external use is very favorable in scrofulous and syphilitic ulcers.

4. Squamous affections are markedly modified by applications of a liniment of perchloride of iron.

5. It may be used as a lotion, dissolved in two or three parts of water, or as an ointment—one, two, or three grains of perchloride of iron to thirty grains of vaseline [cosmoline] or lard. The author has used it in psoriasis, in the form of a pomade—ten grains of iron, thirty grains of lard or glycerine.—*Med. and Surg. Rep.*

Chromic acid is the latest application commended as marvelously efficacious in syphilitic sores. We believe little in the specific properties of local applications save when they act by absorption or as parasticides. What is well locally for syphilitic sores is good for other sores. Sometimes anodynes, sometimes stimulants, sometimes astringents, sometimes protectives, rarely escharotics, and never soap and water, are useful in healing sores. In a diphtheretic sore throat we have seen remarkable results from chromic acid applied to the diphtheroid membrane, and should an opportunity offer we should try this acid on diphtheritic membrane in a solution of ten to sixty grains. For condylomata and other warty growths, chromic acid is excellent above all other remedies that we have tried. Salicylic acid in corns and hard warts is highly recommended.

Quinine Nausea.—Kaulich says that a few drops of tincture belladonnæ given before the ingestion of quininæ sulph. will surely prevent vomiting.—*Lyon Med.—Can. Four. Med. Sc.*

Belladonia in the Treatment of Hernia.—Dr W. S. Batten, in *British Medical Journal*, says that in a case of Hernia in an old gentleman he was given half-dram doses of tincture of belladonna every half hour. In three hours the pupils were largely dilated; there was marked dryness of the throat, and the hernia was returned without difficulty. On a subsequent occasion, where the same condition existed in a slight degree in the same patient, three doses of the tincture of belladonna at half-hour intervals made it possible to reduce the hernia with facility.

The second case was that of a pale, pasty youth, aged nineteen, who had been ruptured from childhood. When lifting a heavy load the hernia came down by the side of the truss and could not be replaced. Taxis was attempted after the patient had been fully relaxed by being placed in a hot bath, and when under the influence of chloroform. Twenty minim doses of the tincture of belladonna, repeated every hour for four hours, made possible the reduction of the hernia.

Special Indication for the Administration of Salicylate of Soda in Typhoid Fever.—The *London Med. Record*, February 15, 1883, says that Bareggi (*Gazz. delgi Ospitali*) Dec. 1883), having noticed in all cases acute articular rheumatism treated by him with salicylate of soda, that obstinate constipation occurred after two or three days' treatment, determined to utilize this action of the salicylate, in typhoid fever with profuse diarrhoea. He found it to answer admirably; the diarrhoea ceased after two or three days, and the disease ran a favorable course. The salicylate may be given in larger doses than in rheumatism, without any bad effects on the digestive or nervous system.—*Quarterly Compendium*.

M. Pasteur has written from Vacluse, where he now is, to the Medical Academy at Paris, to say that he has found the cause of the disease in pigs, which in the valley of the Rhone alone killed 20,000 animals lately. The disease is caused by a very minute microbe resembling that which causes cholera in fowls, but differs in physiological properties, being quite harmless to these latter animals, although it kills rabbits and pigs, particularly white ones. M. Pasteur succeeded in inoculating pigs with microbes obtained by artificial means, and thus preventing their ever having this disease.—*Medical Press*.

Powdered Capsicum as a remedy in sub-acute and chronic rheumatism has been recommended by Mr. A. Drummond McDonald in the "*British Medical Journal*." Two drachms to the ounce of lard, to which one of the essential oils may be added to make it more elegant, is the proportion mentioned. It is thoroughly rubbed over the affected part by a gloved hand for ten minutes at a time, night and morning, or at bed time only, according to the effect produced. Dry heat applied afterwards intensifies its effect, which lasts for sometime.—*Weekly Med. Review*, March 3, 1883.

SCIENTIFIC ITEMS.

Time by Telegraph.—A company was incorporated at Albany recently for the manufacture, use, lease and sale of instruments for the indication of time by telegraph. The idea upon which the company is based is a good one. This company purposes to place central clocks in different parts of the city, which will be carefully regulated and frequently compared with some standard time-piece. Synchronized dial-plates connected with these clocks will be furnished to whoever desires them at a regular tariff. Several of these synchronized dial-plates are now in use in the city. There is one in Cooper Union, and two have recently been placed in a Broadway window of the Western Union Telegraph office, one indicating New York time and the other Chicago time. These latter are connected with the large clock in the office of James Hamblet, superintendent of the time telegraph department on the fourth floor of the building. The minute hand on these clock springs forward one space on the first second of each minute. Thirty miles of wire, running into one hundred offices in New York, Brooklyn and the neighborhood, is connected with Mr. Hamblet's clock. A bell is struck in each office on every quarter hour, by which time-pieces may be regulated. Important enterprises in time telegraphy are on foot, and will shortly be made public.—*Mechanical News.*

Iron Shot.—There have been many experiments made to produce a good merchantable article of iron shot, and, according to a report coming from Iowa, the efforts in this direction are about to be of some avail. An exchange says that a company has been formed in that State for the manufacture of sporting shot from that material, and that the trials that have been made have proved them equal to the shot made from lead. No tower is said to be required, as the shot is made by the new process with less than three feet drop.—*Ibid.*

Melting Steel.—Jacob Reese, of Pittsburg, Pennsylvania, puts forth some remarkable claims in regard to an alleged new discovery in metallurgy. He says he is able to melt instantly a bar of cast-steel one inch in diameter—which cannot be fused in less than five minutes in the highest furnace heat attainable—simply by throwing against it a column of air having a velocity of 25,000 feet per minute.—*Ibid.*

A Non-Conductor of electricity has yet to be found, for all substances hitherto discovered are conductors of the force under certain known conditions; but those which offer a great resistance to it, serve the purpose of non-conductors in practice, although they may be all classed as good or bad conductors. The best conductor known at present is silver, the worst conductor is solid paraffine.—*Ibid.*

An Instantaneous Light.—Such in a word is the unique apparatus on exhibition at the rooms of the Portable Electric Light Co., 22 Water Street, Boston. It occupies the space of only five square inches and weighs but five pounds, and can be carried with ease. The light, or more properly lighter, requires no extra power, wires or connections, and is so constructed that any part can be replaced at small cost. The chemicals are placed in a glass retort; a carbon and zinc apparatus, with a spiral platinum attachment, is then adjusted so as to form a battery, and the light is ready. The pressure on a little knob produces an electric current by which the spiral of platinum is heated to incandescence. The Portable Electric Light Company was recently incorporated, with a capital of \$100,000 under the laws of Massachusetts. The usefulness of the apparatus and the low price (\$5) will no doubt result in its general adoption. Some of the prominent business men of the State are identified with this enterprise. In addition to its use as a lighter, the apparatus can also be used in connection with a burglar alarm and galvanic battery.—*Boston Transcript, Dec 30.*

AMONG the various uses to which electricity may be put there is one of a very practical nature, which promises to effect a great saving of property and life. It consists of an arrangement for the immediate stoppage of a steam engine by merely pressing a button similar to those by which electric bells or fire alarms are sounded. This button may be placed at any distance from the engine upon which it acts; and Mr. Tate, the inventor, proposes that a number of such buttons should be dispersed throughout the factory or elsewhere where the apparatus is in use. In factories accidents occur almost daily through the impossibility of stopping machinery on the instant. Such accident will readily be avoided by this method of instantaneously stopping the engine from any part of the building in which it works. The principle of the contrivance depends on the action of an electro-magnet upon the stop valve of the engine.—*Christian Advocate.*

It is well known that minute metallic particles are often collected in places remote from terrestrial sources of dust. Recent investigation shows that many of these particles must have undergone combustion, which evidently proves that they have come from the smoke of factories, from volcanic fires, or that they had a meteoric origin. It is found by chemical analysis that in addition to iron they contain nickel and cobalt, and neither of these two substances have ever been known to exist in similar particles from factory smoke or from volcanic dust. The evidence is therefore on the side of many who have maintained that the so-called meteoric dust really comes to us from space.

THE Pictorial World, published in London, England, has ordered a balloon which is to be provided with experienced aeronauts, who will make atmospheric voyages, take balloon photographs, and report the results in the journal, with illustrations.

PRACTICAL NOTES AND FORMULÆ.

Cardiac Neurasthenia.—In some cases of exhaustion from continuous overwork, the symptoms centre chiefly about the heart. The symptoms are feeble cardiac action, giddiness, weakness, intermittent heat. Palpitations, dyspnœa, and even syncope, may be present. A physician who suffered in this way for some time, writes to the *British Medical Journal* that he was relieved entirely by the following prescription:

R Quinin. sulph. grs. xxiv,
 Mist. camph, ad. ʒ vj,
 Acid hydrobromic, dil., ʒ iij,
 Tinct. digital. ʒ ss,
 Liq. aurant. ʒ j,
 Tinct. nuc. vom. ʒ ij.

M. Sig., ʒ ss three times a day—*Med. Record, Jan. 20.*

Medication in Uterine Affections.—Dr. J. Warren, Boston, recommends the following internal medication for relieving the engorged state of acute metritis:

R Chloral hydrat. ʒ iii,
 Chloral croton. gr. xxx,
 Liq. opii. comp. ʒ vi,
 Glycerinæ ʒ ii,
 Syr. tolu. ʒ i.

M. Teaspoonful every hour until ease from pain and sleep is produced.—*Kansas Med. Index.*

Dysentery.—The following is recommended as an excellent prescription for dysentery, particularly in children:

R Mono-bromated camphor. grs. xii,
 Sugar of milk. ʒ ij,
 Muriate morphine. grs. ii,
 Pulv. ipecac. grs. vi.

M. Triturate thoroughly and divide into 24 powders. Give one to an adult every three hours, the bowels having first been evacuated with a dose of epsom salts.

To children reduce the dose according to age. If there be fever use the following—

R Tinc. aconite. 10 drops,
 Tinc. gelseminum. 30 drops,
 Water. 6 ounces.

Give a teaspoonful every hour until the fever abates. W.

Dysentery.—If used early in the disease, the following will often cut short an attack of acute dysentery—

R Epsom salts..... 2 drachms,
 Water..... 6 ounces,
 Tinct. aconite..... 10 drops,
 Muriate morphine..... 1 grain.

M. A tablespoonful every two hours until the character of the discharges change, then continue in reduced doses from 24 to 48 hours, after which the bowels may be checked with burnt toddy and paregoric or other opiate. Sometimes the distress is greatly aggravated and prolonged by a high degree of inflammatory sensibility in the rectum, in which case wash out the bowel with a free injection of tepid water, which follow with an anodyne enema of starch-water 2 ounces, muriate morphine $\frac{1}{3}$ grain. W.

Remedy for Constipation.—

R Pulv. aloes..... 30 grains,
 Ext. belladonnæ, fl..... 20 minims,
 Ext. nucis vom fl..... 30 minims,
 Pulv. ipecac..... 3 grains,
 Tinct. gentian comp..... 2 ounces,
 Syr. simp. to make..... 4 ounces.

M. Sig. Teaspoonful on the evening of each day when the bowels have not moved. The dose is for adults. For children, five drops for each year of age.—*Drug. Circular.*

Bilious Dysentery.—This is a form of the disease which frequently occurs in hot, malarious districts, characterized by a bilious and disordered state of the stomach and secretions, sometimes nausea and vomiting, and a remittent form of fever, with the usual dysenteric discharges. Here the treatment most available is the following—

R Calomel..... grs. vi,
 Dover's powder..... grs. x.

M. Make three powders. Give one every three hours until all are taken, and two hours after last dose give one drachm of epsom salts. After it has operated follow with quinine and Dover's powder in sufficient doses, at intervals of three hours, from 6 o'clock a. m. till 3 o'clock p. m., and give weak solution of aconite and gelseminum if there be fever, as follows—

R Tinc. aconite..... 10 drops,
 Water..... 6 ounces,
 Gelseminum..... 20 drops.

M. Give a teaspoonful every hour until the fever abates. Usually the fever drops are required only during the evening. W.

Novel Method of Taking Quinine.—Dr. J. T. Stoddard writes:

Take a portion of the white of an egg, say half teaspoonful, put it in a teaspoon. Take your dose of quinine—whatever amount you intend to give—press it firmly in a fold of paper between your thumb and finger. Now, telling an assistant to hold the spoon, let the quinine slide out of the paper into the spoon, taking care not to disturb the quinine. Take enough of the albumen to cover the quinine. Now dip the spoon, holding it level, into hot water only for a moment, to color the egg, then into cold water, and offer your patient soft boiled egg, and they will take it nine times out of ten without knowing that there is quinine in it.

A medical friend of Texas, whose name has escaped us, sends the following—

R Quiniae sulph. 3 i,
 Potass. bromid. 3 i,
 Tinct. ferri mur. 3 iij,
 Aq. puræ ad 3 xvi.

M. ft. sol. S. Tablespoonful every two hours until 6 doses are taken as a chill preventive. A tablespoonful after each meal as a tonic.

Acute Bronchitis.—The late Prof. Joseph Pancoast used in private practice with much success the following mixture for acute cases of bronchitis:

R Pruni virg. cort. } aa 3 iv
 Senegæ rad. }
 Ipecac, rad. 3 iij,
 Ext. conii. gr. xv,
 Aquæ q. s. ft. (by displacement) 3 viij.

Then add—

Spts. genevæ 3 j.
 Tinct. cardamon, comp. 3 j.

M. S. Two teaspoonfuls in water whenever troubled with cough.—*Medical Bulletin.*

Diarrhœa.—In a case of mucous diarrhœa in a child one year of age, Dr. Bruen prescribed what he called his favorite prescription:

R Bismuth. subnit. gr. lx,
 Fl. ext. rhubarb. gtt. viij,
 Syrup blackberry. fl. 3 ss,
 Elixir orange. fl. 3 ss.

M. Of this the child was ordered to take a teaspoonful four to six times a day. Proper feeding—barley-water, milk, and lime-water, was also directed. Starchy food was positively prohibited.—*Louisville Med. News.*



EDITORIALS AND MISCELLANEOUS.

EDITORIAL NOTICES.

LAMBERT & Co.—See the new advertisement and Special Notice of this excellent house of St. Louis.

PORTABLE ELECTRIC LIGHT.—Read the advertisement of the Portable Electric Light Co.

A. L. HERNSTEIN.—Don't fail to see the advertisement of this house, commencing with this issue of our Journal.

SCOTT & BOWNE.—A new advertisement of this excellent establishment will be found in this issue of our Journal. Examine it carefully.

PRACTICE FOR SALE.—See this Card under Special Notice head. The location we know to be a good one. Letters addressed to this office in regard to it will meet with attention.

Dr. JOSEPH K. BARNES, ex-surgeon of the United States army, died of Bright's disease on April 6th, 1883, aged 66 years.

Prof. WM. H. VAN BUREN, of New York, died March 25th, 1883. His death was attributed to brain lesion, following an attack of apoplexy, which occurred in the spring of 1882. Dr. VanBuren was a surgeon of marked and growing celebrity.

MARYLAND MEDICAL JOURNAL.—From and after the May number of the present year, the Maryland Medical Journal will be issued as a weekly in the shape of a sixteen page double column publication. Success to brothers Ashley and Cordell, the able editors of this excellent journal.

MEDICAL ASSOCIATION OF ALABAMA.

This body met at Birmingham on the 10th of April. There was a good turn out and a number of interesting papers read.

The officers elected for the ensuing year are as follows:

Dr. Frank Tipton, of Selma, and **Dr. S. M. Hogan**, of Union Springs, Vice-Presidents; **Dr. T. A. Means**, Secretary, and **Dr. W. C. Jackson**, Treasurer.

Resolutions were adopted condemning the New York Code of Ethics; also all journals and colleges which adopt or in any degree favor said Code.

MEDICAL ASSOCIATION OF GEORGIA.

It so happened that neither of the editors of this journal could be present at the late meeting of the Medical Association of the State. An account of the proceedings of the body will be found in another part of our journal, kindly furnished us by a member who was present. The account of the meeting, apart from its social features, is not specially flattering. There seems to have been too much haste, and a premature adjournment.

It is a matter of regret that comparatively few of our best men and ablest writers attend the meetings, and hence the interest in the Association is declining, and the volume of transactions growing smaller with each succeeding year. It would seem to be the tendency of State Societies to fall under the control of cliques or rings, who make the appointments and distribute the honors in their own interest, and the impression prevails that the Georgia Association is not wholly free from this charge. But whatever may be said upon this point, we are pleased to state that in the choice of **Dr. Calhoun**, as President for the ensuing year, we have a man eminently worthy of the position; and we mean no disparagement to his predecessors in expressing the belief that his administration will be wise and ~~important~~ and directed to the best interest of the profession,

MINERAL WATERS—THEIR MEDICINAL AND HYGIENIC ADVANTAGES.

It would be difficult to believe that the dullest intellect of man could look abroad upon the universe and not be profoundly impressed with the wonderful beneficence of the Creator, as shown in the beauty, utility, and grandeur of nature; but, in no case is this immeasurable love and goodness of the Divine Giver more manifest to the mind than when we learn of the varied and delightful resources for the healing of disease as found in their primeval purity in so many parts of the world.

The medical scientist, after long years of successful experiment, can discover remedies that may arrest the progress of disease, but no chemical art can presume to rival the exactness and completeness of nature's laboratory, in which are wrought remedial agents fresh from the gracious and omnipotent hand of the Great Physician!

A doctor, learned in medical lore, may safely prescribe for his patient a certain quantity of pills and potions, but he cannot compound the healing waters that gush cold, or hot and clear, from the rocky hill-side, nor the refreshing mountain breezes that kiss into bloom the invalid's pallid cheek; neither can he paint the wonderful panorama of nature's most beautiful and sublime attributes—the views of which cause the weary eye of the sick and languid sufferer to brighten with a new interest in life; that make his pulses quicken, and the blood bound more buoyantly and healthfully through his sluggish veins. These are the delightful and efficacious hygienic auxiliaries to health that a beneficent Creator furnishes to aid so materially the sick in regaining physical strength and vigor. At no place in this country can the seeker of health and wholesome recreation more successfully find these assistants than at the Blue Ridge Springs, of Botetourt county, Virginia. The great healing qualities of these waters were not known to the public until within the last few years, but the delightful temperature, grand mountain scenery, pure air, and the wonderful virtues of the springs are fast bringing this summer resort into favorable notice as a place for health, comfort and pleasant recreation. Though 1,800 feet above the level of the sea, this charming retreat has its elegant and commodious hotel immediately on the line of the Norfolk & Western railroad, so that the visitor, greatly to his gratification, has none of the annoyances and discomfort of hack-driving, over rough roads, or of transfer to a hotel omnibus, but, at a few steps from the cars, finds himself greeted by his smiling and courteous landlord, Mr. Phil F. Brown, and is immediately consigned to a cool and restful chamber, with all the comfortable and elegant resources of the house and ground at his command.

The springs are within a few steps of the hotel, and from the rear of the hotel a long and picturesque bridge crosses a lovely stream of water, and reaches from the spacious and beautiful lawn of the hotel with its terraced cliff, to that upon the other side of the stream; and here, upon this lofty summit of the Blue Ridge, surrounded by grand peaks that pierce the bending blue skies, lie, spread out before the beholder, scenes of such sublimity and exalted beauty as one could not imagine from a mere passing glance on the railway in front of the hotel.

A number of commodious and comfortable cottages, in the near vicinity of the Springs, are connected by the handsome covered bridge, referred to, with the hotel, so that invalids, or families with small children, can have their choice of a retreat as private and pleasant as could be desired.

The grounds about the hotel, with flowers, fountains and beautifully shaded promenades, are extensive and lovely, and there is a miniature lake with pleasure boats, also a choice vineyard, and thousands of fine fruit trees, the product of which regales the guests of "mine host," who is ever on the alert for their comfort and pleasure.

A ball-room, with good music, an excellent ten-pin alley, and a billiard saloon, afford pastime for a variety of tastes among visitors; and to those who wish to visit places of interest in the vicinity, the Blue Ridge Springs is a most convenient point from which to make excursions to the Luray Caverns, Natural Bridge of Virginia, and the Peaks of Otter.

A great iron mining interest has recently been developed in the immediate vicinity of these Springs, and two railroads have been built from the main line of the Norfolk & Western out to the base of the mountain. Near the terminus of the road has been found a beautiful cascade of pure mountain water, affording a charming spot for bathing.

Comparatively few persons of even more than ordinary intelligence are fully aware that *inertia is death* to animated matter; that invalids, with the best medical advice, if they would regain health must have surroundings that will lift them "out of themselves," as it were; that will interest them, pleasantly excite their emotional and intellectual natures, make their pulses quicken, and answer, with a responsive thrill, to the beauty and cheerful influence of the sights and sounds about them, and with which they come in daily contact. With all these healthful assistants and delightful recreations, the Blue Ridge Springs are abundantly provided.

To the more impressible and highly wrought nervous constitution of females, the advantages above referred to are eminently suited. These advantages are found not alone in the peculiar position and surroundings of this magnificent sanitarium; but the analysis of the water unmistakably indicates their adaptation to a great variety of affections. This analysis may be seen in the advertisement of the proprietor, from which it appears that the water is of the saline class, holding in solution a happy proportion of neutral salts, so arranged in nature's alchemy as to constitute laxative, purgative, diuretic, tonic, and alterative properties, according to the quantity used.

With a scientific and judicious physician to direct its use in any particular case, the water of these springs may be made available for the successful treatment of a great variety of conditions. Indeed, with the proper use of the water, conjoined with the pure and wonderfully invigorating atmosphere of this favored locality, we can scarcely imagine any disease at all amenable to treatment, that could fail of benefit or relief from these waters. In obstinate chronic diseases of both sexes, especially in uterine affections and derangements requiring local or general treatment, failures often occur in private practice by reason of unfavorable surroundings and depressing influences at home. But with the advantages of a superior watering place, and suitable food and dietetic caution, far better results may be obtained from local treatment, because the physician has the great advantage of favorable surroundings and medicinal waters which constitute powerful auxiliaries in the treatment of this class of diseases.

Indeed, it is conceded by every intelligent physician, and is abundantly verified in the experience of thousands, that diseased conditions of every kind can be far more successfully treated at a good watering place, such as we have described, than could possibly be expected under other and less favored conditions. Hence it is that the judicious physician often advises his patients to visit these favored resorts, where merely functional diseases usually recover rapidly, and where organic and obstinate chronic affections are temporarily benefitted, and we doubt not could often be permanently cured, if placed in charge of a skillful resident physician, who, by the aid of modern scientific means and appliances, the waters, and favorable conditions of the place, would be able to accomplish results which, under other circumstances, he could not possibly do.

Such have always been my views in regard to medicinal Springs, and the proper methods of using their waters. The physician at home is not able to supply and bring to bear these great advantages and facilities, which nature, in her bounty and wisdom, has supplied for the benefit of suffering humanity. When these medicinal watering places are extensively and beautifully improved, and supplied with bathing arrangements, hot and cold, and all the modern facilities, they will constitute the best places for the restoration of health and the treatment of chronic diseases, especially those peculiar to females; and there is at this locality what appears a special provision for some conditions, in the fact that in addition to the principal waters, to the analysis of which we have referred, there is a Chalybeate Spring, strong in iron, which may be secondarily used in a certain class of cases, which have been prepared for its use by other waters or medical treatment. In some instances it is primarily demanded. Particularly is this true of cases of low anæmic character, attended with atony, or great debility, and unattended with irritation, or an inflammatory state or tendency in any organ.

In this fact, the Blue Ridge Springs possesses peculiar and unusual advantages as a sanitarium for the treatment of almost all diseases.

For variety and excellence of her health giving waters, for magnificent scenery and salubrious atmosphere, Virginia has been especially favored by a beneficent Creator. She has been called the Mother of States, then let her afflicted sons and daughters, from every State, come and partake of her bounties, enjoy her generous hospitality, breathe her mountain air, and drink of her healing waters, all of which she so bounteously offers to her children throughout this heaven-favored land of ours.

T. S. POWELL.

KOCH'S BACILLUS OF TUBERCLE.

The discovery of Koch in relation to bacilli, as the cause of tubercular consumption, has been severely criticised on this side of the water, and many seemed ready to sneer at it as an unfortunate delusion; but Koch comes back vigorously at his critics, and is likely to sustain himself and make good his claim to one of the most wonderful and important discoveries of our day. The favorable results which may follow in the treatment of consumption, no one can foresee. The true cause of the malady being known, observations may now be hopefully directed to the discovery of proper and efficient therapeutic agencies.

IN MEMORIAM.

Dr. Thomas E. Marable died August 1882. Memorial lines were never written for a nobler man and truer friend than are these in tender remembrance of Dr. Thomas E. Marable, of Peterburg, Virginia.

He was a class-mate of the writer at school. We afterwards read medicine at the same time and in the same village, though under different preceptors, and together attended lectures at the University of Pennsylvania in the city of Philadelphia. Being studious and faithful to his duties, the young medical student won deserved honor at his examination, and commenced to practice in his profession with a most encouraging prospect of success. But the timidity and sensitiveness of his gentle and sympathetic nature, made the "rough places" incident to his profession ungenial with his tastes, and he soon abandoned the practice of medicine, and entered into the mercantile pursuits, in which he continued until his death.

In early life Dr. Marable was united in marriage to the accomplished and charming daughter of Dr. Morrison, a distinguished physician of Lawrenceville, Virginia. A daughter, the fruit of this union, grew up with the beauty and amiability of both the father and mother, and was happily married in her girlhood to Mr. Dodson, of Petersburg. As she has no children, she and her widowed mother are the only members of his family to mourn the death of a father who was the most tender and indulgent of parents, and a husband pre-eminent among the noblest and most devoted I have ever known. I feel that his loss is to this wife and daughter is irreparable; but there is always one soothing tender ray of light for those who weep at the removal by death of such a man as this, and that is, the undying memory of his love and gentleness, and all those noble, endearing qualities, the remembrance of which the heart to feel a sweet, though pathetic, thrill when it recalls the companionship of a loved one like him. Truly, not lost, but one "gone before."

I, who knew him so long and so well, never had a better and truer friend, nor a nobler companion, and one more truly beloved; and as I sit here to-night and pen these lines to his memory, my mind retrospects the many past years, and seems to take in at a glance all the beauty and symmetry of character that I found in him during our intimate friendship since we were careless, happy boys playing together among the beautiful hills of our dear old State of Virginia.

The subtleties of philosophy, "charm they never so wisely," to steal away man's hope of immortality, can never offer the faintest compensation for the happy, child-like faith that pierces the dark maze of the unknown and sees the glory of the soul's eternal Shekinah; so, our superstition will not be forever. O, my cherished, life-long friend, the glad hope of meeting you one day on the "other shore," where earthly love is renewed in never-to-be-broken bonds, will cheer the remaining pathway here of wife and daughter, and he who pens these lines will hold your name and your friendship in everlasting remembrance.

Atlanta, Ga.

T. S. POWELL.

DR. DARBY, of Morrow, Ohio, proposes a novel plan of instructing the people how to treat doctors. He publishes what he styles "Medical Miscellany," which "is a double columned, four-paged sheet, designed to be used as powder and wrapping paper by dispensing druggists and physicians. It may be torn or cut into halves, quarters, eighths, or sixteenths, without destroying the reading matter.

This sheet is compiled wholly in the interest of the medical profession. Its teaching embodies that article of the Code of Ethics which relates to "the duties of patients to their physicians," a portion of which will be found in short paragraphs, conspicuously displayed, in large type, on one or both sides of each sixteenth of a sheet, interspersed among useful receipts and items of wit and wisdom, so as to interest the general reader.

Some method of thus quietly educating the public in their duty toward us as a profession has long been felt, and this one must strike you as at once new, novel and effective." Dr. Darby's plan is a good one, and we heartily approve it,

BOOK NOTICES.

A DICTIONARY OF MEDICINE: Including General Pathology, General Therapeutics, Hygiene, and the Diseases Peculiar to Women and Children. By Various Writers. Edited by Richard Quain, M. D., F. R. S.; Fellow and Late Senior Censor of the Royal College of Physicians; Member of the Senate of the University of London; Member of the General Council of Medical Education and Registration; Consulting Physician to the Hospital for Consumption and Diseases of the Chest at Brompton, etc. New York: D. Appleton & Co., 1, 8, 5 Bond Street, 1883.

The above is a large illustrated Dictionary of Medicine of 1,816 double column pages in small, close type in which the author has sought to present "the vast number of facts and observations by which the recent progress of scientific and practical medicine has been marked as diffusely recorded in the transactions of learned societies, in journals, and in systematic treatises." The great value and importance of such a work to the profession is at once apparent. The Dictionary of alphabetical method was adopted as best calculated for easy reference. It is a dictionary not so much for definition as for general and detailed information upon almost every topic of importance. A dictionary of medicine rather than that of surgery or Therapeutics, in which diseases are fully treated in alphabetical order.

As an English work, it details the advances in Europe perhaps more fully than in our own country, which, to those desiring the most extended information, will constitute an advantage rather than an objection.

In the preparation of this great work, the editor secured the co-operation of a large number of able and distinguished medical writers, each selected to write on a subject with which he was specially acquainted. We feel safe in recommending this work to our readers as containing a vast amount of important information, much of which is derived from the latest advances in the profession.

PAMPHLETS RECEIVED.

Illinois State Board of Health. Preventable-Disease Circulars.—Typhoid Fever, Diphtheria, etc.

Fifth Biennial Report of the Trustees, Superintendent and Treasurer of the Illinois Southern Hospital for the Insane, at Anna. H. Wardner, M. D., Superintendent. October 1, 1882.

Annual Address before the New York Medico-Chirurgical Society, by the President, Dr. E. P. Fowler. Delivered November 14th, 1882.

Annual Reports, 1882, of the Department of Health of the City of Charleston, South Carolina. Charleston, S. C.: The News and Courier Book Presses, 1883.

The Percentage of College-Bred Men in the Medical Profession, a paper read before the American Academy of Medicine, October 27th, 1882, by Charles McIntire, Jr., M. D., of Easton, Pennsylvania.

Suggestions regarding the local treatment of some of the commoner affections of the Ear, by Samuel Theobald, M. D., of Baltimore, Surgeon to the Baltimore Eye, Ear and Throat Charity Hospital, etc.

The Fifth Biennial Report of the Trustees, Superintendent and Treasurer of the Illinois Southern Hospital for the Insane, at Anna, October 1, '82. Springfield: H. W. Rokker, State Printer & Binder, 1883

RECEIPTED.

(Receipts not acknowledged by letter, are recorded here.)

For 1882—Drs. J M Pierce, M F Alford, Wm Law, T D Hare, T L Appleby.
For 1883—Drs. J H Pool, Jno Hardamon, J B Lee, E M Pharr, Z T Young, T H Lyon, E Wheeler, J Dillworth, R L Foreman, T L Quillian, T D Hare, J M Underwood.

SPECIAL NOTICES.

To the Profession—ANALYSIS OF URINE.—I am prepared, in my office, 64½ Whitehall Street, Atlanta, Georgia, to make quantitative and qualitative analyses of urine and microscopic examination of tissue, at a moderate compensation. Will be pleased to hear from the profession on this important subject.

J. H. LOGAN, A. M., M. D.

PARKE, DAVIS & CO.—This magnificent Drug establishment, located at Detroit, Mich., have, by unremitting perseverance and faithfulness in all their business interests, obtained the confidence and good will of the medical profession throughout the entire country. They have accomplished much for the progress of Medical Science and largely benefited mankind by the introduction of new and important Drugs. They are entitled to the thanks of the Profession, and justly deserve the high reputation to which they have attained.

Wm. R. Warner & Co.—This splendid Drug House, so widely and favorably known, both to the home and foreign trade, continue to maintain their high position. Their preparations are regarded by the profession everywhere as unsurpassed for purity and elegance. In respect to their quinine pills, so deservedly popular, the following certificate has been published:

PHILADELPHIA, PENN., December 22, 1882.

An analysis of seven samples of Quinine Pills, obtained without knowledge of the manufacturers, was made and published in the American Journal of Pharmacy by me, and those made by William R. Warner & Co., were found to be correct as to quantity and purity of Quinine.

HENRY TRIMBLE, *Analytical Chemist.*

McKESSON & ROBBINS.—This great Drug Establishment of New York, has a wide and long established reputation as reliable and eminently successful business men. Their various preparations are of acknowledged excellence and purity, and are unexcelled for the neatness, taste and beauty with which they are presented to the trade. See their advertisement opposite 1st page of reading matter in this Journal.

More of **ELLIOTT'S SADDLE BAGS** are sold than all other patterns combined. One thousand have been shipped to different parts of the country since January 1st. The proprietor invites a thorough investigation and comparison of every Bag in the market. The U. S. Government did this in 1879, and adopted the ELLIOTT. Doctors that do the same thing get the standard article. Send for circular to
A. A. MELLIER, 709 Washington Avenue, St. Louis, Mo.

CELERINA.—Dr. Piercol, of Knox county, Illinois, says: I am using CELERINA which, in my opinion, and it is backed up by experience in its use, stands at the head. It certainly is the best thing I have ever used as a nerve, and whenever a nervous, hysterical woman (or man either) comes to me for treatment, CELERINA is the main thing I prescribe. This excellent nerve and alternative is prepared by Richardson & Co., a splendid wholesale Drug house of St. Louis, Mo.

IODIA.—Prepared by Battle & Co., Chemists, St. Louis.

Dr. L. H. LADLEY, Prof. of Gynecology, St. Louis College of Physicians and Surgeons, says: "After several month's trial of IODIA, both in private and hospital practice, I find as an alternative it has no superior in the Materia Medica."

Bromidia also is a splendid anodyne. See advertisement in this Journal.

FOR SALE.—A good paying practice, with residence, office, etc., all new, and 50 Acres of land in East Georgia, between two railroads. Address

EDITOR SOUTHERN MEDICAL RECORD, ATLANTA, GA.

LAMBERT & CO.—Manufacturing Chemists, of St. Louis, Missouri, are the manufacturers of a new and important antiseptic compound called LISTERINE. It has become especially popular with the Profession, as a local application in a great variety of affections. It is also a valuable internal remedy in certain conditions. The Physician and Surgeon will find it a great convenience in practice, and every one would do well to keep a quantity always on hand. See advertisement on second page of this Journal.

Surgical Instruments.—A branch house of the New York establishment of A. L. HERNSTEIN, has been established in Atlanta, and will constitute a convenient depot whereat anything in the Surgical line can be bought or manufactured. The Profession throughout the South should note this as an important indication of Southern progress, and should show their appreciation of the same by giving this establishment their encouragement and patronage.

T H E

Southern Medical Record:

EDITORS:

T. S. POWELL, M.D. W. T. GOLDSMITH, M.D. R. C. WORD, M.D.

R. C. WORD, M.D., Managing Editor.

All Communications and Letters on Business connected with the RECORD must be addressed to the Managing Editor.

VOL. XIII. ATLANTA, GA., JUNE 20, 1883. No. 6.

ORIGINAL AND SELECTED ARTICLES.

CARBOLIC ACID IN PILES AND OTHER DISEASES.

BY J. G. WESTMORELAND, M. D., ATLANTA, GA.

In the SOUTHERN MEDICAL RECORD for May will be found a short article on the treatment of piles by carbolic acid. In it little more was stated than the mere fact of injection of the hemorrhoidal tumor with the undiluted acid.

Now, in compliance with the request of a reader of the article, I propose to give a more extended review of the subject, and the application of the remedy in the treatment of other local diseases.

From time to time articles have appeared in which I have tried to impress members of the profession with the peculiar and useful action of carbolic acid—its cathartic or local alterative, and hæmodynamic effects. In medical society discussions, while giving my experience of its safety and comparative freedom from pain when applied to diseased mucous membranes, I have found myself opposed by almost every member, and as most of them refused to use it as recommended, I was generally left without proof of my position.

Shortly after the remedy had been brought to notice, I, from some report of its action probably, used it as a general styptic for menorrhagia, in the dose of two drops repeated every two hours.

Proving successful for the relief of this hemorrhagic condition I decided to test it in purpura hemorrhagica. Accordingly, in a case presented in the Medical College Clinic, which had been treated without benefit by the usual means—muriated tincture of iron, etc., I prescribed carbolic acid in the dose of two or three drops every three or four hours, well diluted with water, with complete success in a day or two.

While the styptic effect may not be universally recognized, no one, as far as I know, objects to its use in this way. It is the local action, as described, which calls forth the opposition. When it is asserted that the undiluted acid may be applied to chancre, chancreoid, diphtheria, chronic intra-uterine inflammation, etc., with very little pain, the war begins. Physicians assert—of course without ever having tested it—that destructive action will be had upon the mucous membrane and therefore cicatricial tissue necessarily follows. Learned gynecologists, to whose use the remedy seems to me peculiarly adapted, forbid its introduction into the uterus, alleging that stenosis will be the result. Whether this conclusion is reached by experience or reasoning, it is certainly not more reliable than the opinion formed by hundreds of applications of the pure acid made in endo-metritis, diphtheria, cancerous ulcers, etc., without stenosis or other unfavorable result. When properly applied so as to come in contact with the diseased part alone, or the internal mucous membrane, very slight pain is produced, not more than that from astringent solutions of moderate strength. I have applied it with a camel's hair pencil to the pseudo-membrane of diphtheria in the mouth of an infant, and by injection to the urethra in gonorrhœa, taking care that the acid does not come in contact with the lips, glans penis or prepuce. When applied to the uterus or vagina, its contact with the pudendum must be avoided.

In the treatment of cancer I have used the acid only as an application to the ulcerated surface, but from the promptness with which progress is arrested, and superficial healthy tissue formed, I have hope of success, to some extent at least, in the bold attempt at cure by injection into the indurated tumor.

In the commencement of what seemed to be malignant (cauliflower) disease of the os uteri, complete and permanent relief has followed the twice a week application of pure acid.

Piles may be permanently cured in half a week or two weeks by injecting the tumor with undiluted carbolic acid. The needle of a hypodermic syringe charged with the acid, must be plunged into the center of the tumor and the piston slightly moved for-

ward so as to discharge one to three drops. Let the needle remain for a minute and then withdraw. Each tumor must be thus injected, and if large two punctures should be made. The tumor becomes pale, shrivels and generally becomes dark and putrid in a day or two. No great pain attends the operation. Only a stinging sensation is experienced, which lasts a few moments.

When several tumors exist a second operation sometimes becomes necessary, owing to the failure to inject all the prominent points. On the second day the injection may be repeated, if all the tumors do not become pale, lessened in size or dark.

The benefit derived from carbolic acid is, doubtless, derived from the peculiar action upon the capillaries and the blood itself. When applied to a surface, it becomes white and bloodless, and when thrown into a mass of blood it is made more or less coagulable, according to the proportion of the mixture. This driving of the blood, as it were, from the surface, accounts for the control of inflammation by its local application, and the coagulating quality renders it useful as a general styptic. Indeed, inflammation, I believe, may be prevented, to a large extent, in a part injured, by a proper application in diluted form. And, while its good effects in this way are attributed to the destructive action upon bacteria, we think its good effects can be explained without recognizing the existence of these animalculæ as factors in the production of inflammation and putrescence.

ON THE TREATMENT OF THE COMMONER FORMS OF SKIN DISEASES.

BY J. LESLIE FOLEY, M. D., C. M., L. R. C. P., LONDON.

Assistant Demonstrator of Anatomy, Faculty of Medicine, Bishop's College, Attending Physician to the Montreal Dispensary.

To arrive at a correct diagnosis in a case of skin disease is sometimes a difficult object to attain; to effect a cure is even more puzzling and annoying. Who has not had his professional vanity sadly tried by an obstinate case of tinea tonsurans, acne, or eczema, after running through the whole armamentarium of the pharmacopœia, only to find that it still persists? Having had ample opportunity of sitting at the feet of such Gamaliels and lions on skin as Jonathan Hutchison, Living, Malcom Morris, Sangster, and Stephen Mackenzie, and carefully noted their line of treatment, I have ventured to throw together in simple outline some remarks as to the best method of combatting the more common forms of these diseases. And, first, eczema: In acute eczema, the best local application is lotio plumbi applied on lint, the lint being kept

continually moist. Dusting powders, such as oxide of zinc and starch, will also be found useful, and a lotion of carbolic acid (1 in 40) will relieve the itching.

Chronic Eczema.—Carbolic acid here, as in the acute stage, is one of the most useful remedies. It may be applied in the form of either a lotion or ointment x to xv gr. ad. $\frac{3}{4}$ i of the ointment. Thymol, highly recommended by Dr. Crocker, of London, in the strength of v to xx gr. ad. $\frac{3}{4}$ i, might be tried. Similar in effect to carbolic acid are the preparations of tar, which are the most serviceable of all external remedies. To obtain good results they should be handled with care; unless used at the proper time, and of proper strength, they serve only to irritate, and when this occurs they should be abandoned at once. Tar is of most benefit when the disease has reached the chronic stage. It should never be used in the acute. If there be much swelling and inflammation it likewise should be withheld. Ointments of varying strength are the most suitable means of applying tar, for in addition to the stimulating effect of the remedy an emollient effect is obtained. The ointment should not be too strong—from i to ii $\frac{3}{4}$ ad. $\frac{3}{4}$ i is usually sufficient. The two forms of tar commonly used are the *pix liquida* and *oleum cadinum*.

R Olei cadini..... $\frac{3}{4}$ iss,
 Cerati simplici..... i,
 Olei amygdalæ amar..... gtt. vi.
 M. Ft. ungt.

This makes one of the most elegant tarry preparations. But there is another preparation of tar which, although known to the profession in this country, is not so well known as it deserves to be—I refer to the liquor carbonis detergens. It is a saturated alcoholic solution of coal tar, and made by Wright & Co., of London, and J. P. Remington, of Philadelphia, and may be had at Kenneth Campbell's. It is in great repute in England, and yields most beneficial results. The ointments which are most generally used in the treatment of chronic eczema in the London hospitals are the ungt. petrolei co., and the nitrate of mercury ointment. Both are excellent. The following is the formula for the ungt. petrolei co.:

R Liq. carbonis deterg..... $\frac{3}{4}$ ss,
 Hyd. am. chlor..... gr. x,
 Vaseline..... $\frac{3}{4}$ i.
 M. Ft. ungt.

If the skin is greatly infiltrated, or the epidermis much thickened, solutions of potassa fusa are used with excellent results, v gr. ad. $\frac{3}{4}$ i, is usually sufficient. When the eczema consists of very chronic, dry small patches, the best treatment is to blister with acetum cantharides or the liq. epispasticus.

Professor Hebra's treatment will succeed sometimes when other treatment fails. It is of special service in chronic eczema of the leg. It consists in the application of *sapo viridis*, followed by the immediate use of an oily ointment. The ointment used in pref-

erence by him being the ungt. diacyli. A small lump of the soap, the size of a nut, is smeared upon a piece of flannel. This is to be applied directly to the patch of disease and rubbed firmly, and with moderate pressure, upon the skin until all traces of the soap disappear. The piece of flannel is now dipped into warm water and again applied in the same manner to the part, when an abundant lather will be found. More water is added from time to time until copious suds cover the skin, when with clean water the diseased surface is thoroughly washed off, freed from all signs of soap, and carefully dried with a soft cloth or towel. The rubbing should be kept up, in mild cases, from five to ten minutes, in severe to about twenty minutes. The first application should always be somewhat moderate, that too great a destruction of epidermis be not produced. The sensations of the patient will always serve as a guide to this point. The application is not painful, as might be supposed; but, on the contrary, agreeable, and relieves the itching; as a rule, it at once affords ease to the patient. The skin immediately after the washing presents a red and angry appearance, and is now ready for the ointment; this is spread on strips or pieces of soft flexible muslin. It is well not to make one large piece cover the whole, but it is preferable to have several pieces, in order that they may be the better adapted to the skin. The ointment should be spread thickly on the rags, finally the part should have outside cloths applied to prevent the oil from oozing through, and be bound by a bandage. The bandage is a matter of moment, for its application contributes materially to the success of the treatment. It is essential that the ointment be brought in close contact with the skin and kept in position. The entire operation should be repeated twice daily, morning and evening.

Eczema of Hands.—Hands should be protected from all irritating influences; they should be kept out of water, and free use of soap prohibited, exposure to heat also avoided. Rubber gloves will be found useful. In the majority of cases stimulating ointments most useful, as calomel or boracic ointment.

Eczema of Nipple.—Best treated with *sapo viridis* and ungt. diachyli. Application of nitrate of silver xx gr. ad. ʒi highly spoken of by Living.

Eczema of Beard.—Crusts removed by oil and poultice, hair cut away or shaved off; apply ungt. petrolei co. In chronic stage use stimulating ointments.

Eczema of Eyelids.—In mild cases apply nitrate of mercury ointment; in severe cases pull out eyelashes, and touch the edges with solution of potassa in water, x gr. ad. ʒi (McCaul Anderson). The alkali should be immediately neutralized with dilute acetic acid. Operation repeated every few days, after which nitrate of mercury ointment applied.

Eczema of Leg.—In cases of moist eczema the most successful treatment is that with *sapo viridis* and ungt. diachyli. The limb should be carefully bandaged, and when eczema is associated with varicose veins Dr. Martin's elastic bandage should be applied.

Squire, of London, recommends the glycerole of the subacetate of lead, xv to xxx gr. ad. $\bar{3}$ i, in these cases.

Eczema Intertrigo.—Dusting powders of oxide of zinc and starch with or without calomel used. Ungt. zinci one of the best applications. Parts should be seldom washed.

Eczema of the Genitals.—Sapo viridis and ungt. diachyli; in acute stages lotio nigra followed by ungt. zinci and calomel. Carbolic acid x gr. ad. $\bar{3}$ i, useful. Thymol also useful. Painting the part with tr. iodini sometimes serviceable.

Eczema of Head.—After the crusts have been removed by poulticing, the best application is the ungt. hydr. nit. In all cases of eczema the ordinary washing with soap and water must be forbidden, and this is especially the case when the delicate and healthy new cuticle is forming, for then water macerates and destroys it, and thus the duration of the disease is needlessly prolonged. While the local treatment is of paramount importance in eczema, the constitutional is not to be neglected; arsenic should be given, and tonics of iron, quinine, etc., administered.

Psoriasis.—When psoriasis covers the whole trunk, or is nearly universal, the best treatment is by alkaline warm baths. Pot. carb. $\bar{3}$ ii to $\bar{3}$ iii should be added to an ordinary bath. The patient should remain in the bath for at least an hour and a half daily to do any good. The best time for taking the bath is shortly before going to bed, to avoid dressing again. The temperature of the bath should be 90° to 95° . After coming out of the bath the patient should be rubbed and anointed with vaseline, which should afterward be wiped off. When psoriasis attacks a leg, or a not too extensive surface of the body, then the tarry preparations and chrysophanic acid will be found most beneficial. Of the two I prefer the application of tar; it may be applied either as an ointment or lotion, the latter most satisfactory; it dries quickly, and does not easily rub off on the clothes. My treatment would be to paint the liq. carb. deterg. with a camel's hair brush over the part affected two or three times a day. Chrysophanic acid has certainly yielded splendid results, and is much more active than tar; but it has a great many disadvantages, as setting up inflammation, staining the clothes and hair, etc. It is used in the strength of $\bar{3}$ i ad. $\bar{3}$ i of vaseline. Pyrogallic acid xxx gr. ad. $\bar{3}$ i is useful, and less open to the objections of the former.

In dealing with psoriasis of the scalp the free use of soap or the spirits of soap is very good, followed by the liq. carb. deterg. or the red or white precipitate ointment diluted with vaseline. In the chronic spots of psoriasis, about the knees, the same treatment is excellent. Obstinate cases of psoriasis often yield to the tinct. saponis. viridis c. pce., which consists of equal parts of pix liquida alcohol and sapo viridis. Sulphuret of calcium has been highly recommended in these cases. The following is a good formula:

R Calcis.....	$\bar{3}$ ss,
Sulphuris sublimati.....	$\bar{3}$ i,
Aquæ.....	$\bar{3}$ x.

M. In the constitutional treatment arsenic and tonics should be given, and always remember the possibility of the gouty and scrofulous diathesis. I have seen cases of psoriasis rebellious to all local treatment, yield like a charm to vin. colchici. I need not say that the patients in these cases were gouty.

Scabies.—Sulphur ointment, half the strength of the Pharmacopœia ointment, is the remedy which you will find to do the most good. The best time to use it is at night. Give it with the following directions: To be rubbed all over the body, with the exception of the head and especially on the hands, buttock and lower part of the abdomen; and the underclothing used during the previous day, as socks, gloves, drawers and jersey should be worn during the night. This thoroughly disinfects the clothes, at the same time keeping the ointment well applied. In the morning a warm bath should be taken. The process should be repeated for three nights, and subsequently the ointment should be rubbed on the hands, wrists and buttocks for a few nights. When you are confronted with a case which you have had under treatment, but are not certain whether it is cured or not, you will find an ointment of bal. of Peru (3 ii ad. 3 i) an excellent application. It does not irritate or annoy the patient.

Tinea Tonsurans.—In mild cases painting the part with tr. iod., and afterwards apply an ointment made with hydr. ammon. xx gr. ad. 3 i will be all that is necessary. In more severe cases the oleate of mercury ointment, 10 per cent. solution made by rubbing x gr. of freshly precipitated yellow oxide of mercury with xc gr. of oleic acid until dissolved, is one of the very best applications. A point of some moment, which I have often heard Dr. Living, of London, lay stress upon in his clinique, is to order the patient to have the head smeared over with carbolized glycerine in order to prevent the disease spreading to others. Dr. Alder Smith recommends equal parts of carbolic acid, citrine ointment and sulphur ointment as very effectual. If the disease is in an early stage, and consists of one or two circumscribed spots, the best plan is to cut the hair short all around the spots, and apply with brush Coster's paste, which consists of:

R Tr. iodii. 3 ii,
Ol. Picis. 3 i. M.

Lichen.—The remedy *par excellence* is arsenic internally—Fowler's solution most commonly used. Some soothing lotion should be used externally such as the appended:

R Sodæ biborate.	}	aa 3 ii,
Sodæ bicarb.		
Acid hydrocyan. dil.		3 i,
Glycerine.		3 ii,
Aquæ ad.		3 viiss.

M. Hutchison says in lichen planus start with liq. sodæ arsenitis, but if it does not get better give liq. arsenicalis, or both combined.

Acne.—You will find the following treatment of acne to be the most satisfactory. The face should be steamed every night by holding it over a basin of hot water for a few minutes. The skin should be then well rubbed for five or six minutes with soap and flannel, or a soft nail brush may be used with advantage when the skin will bear it; the soap should then be sponged off with warm water. When the face has been dried the following lotion should be applied, and allowed to dry and remain on all night:

R Sulphur precip	℥ ii,
Glycerine	℥ ii,
Spt. vini	℥ i,
Aquæ calcis	} aa ℥ iii.
Aquæ rosæ	

M. In inveterate cases of acne the following will be found particularly serviceable:

R Sapo mollis	℥ j
Spt. rectificate	℥ iss,
Ol. levandulæ	M xx,
Aquæ ad	℥ vi.

M. Ft. Lot.

The lotion should be applied with a piece of flannel and vigorously rubbed on the skin. It should be washed off and then the sulphured lotion applied.

In treating diseases of the skin one should always bear in mind the late Professor Hebra's admirable advice: whatever course be adopted, constancy and perseverance are of the utmost importance. He who is always changing his plan of treatment is sure not to attain his object so quickly as one who steadily and patiently applies whatever remedy seems best suited to his case.—*Canada Record*.

THE USE OF IODINE AS A STOMACHIC SEDATIVE.

BY THOMAS T. GAUNT, M. D., OF NEW YORK.

The employment of iodine for the relief of the vomiting of pregnancy has been somewhat in vogue for a number of years. And while the success attending its use has been pointed out with more or less enthusiasm by a number of observers, its exact value has never been established, and so far as I have been able to ascertain, it is more often employed in actual practice, as a *dernier resort*, than as a remedy of much promise.

Some three years ago I began using small doses of the compound tincture of iodine as a stomachic sedative, and have gotten such satisfaction from its employment, that I have thought the appended cases might prove of possible interest to those in the medical profession who seek for more reliable means of controlling persistent vomiting than the routine measures usually employed for the relief of this most distressing symptom. So far as I have

been able to discover from a careful review of most of the standard works, iodine has not been put upon record as of value for relieving other forms of vomiting than that of the pregnant state.

The first occasion on which I used iodine as a stomachic sedative was in the following case:

CASE I.—A woman, aged 50 years, had been suffering for two hours from severe vomiting which accompanied an acute indigestion. I ordered her three drops of the compound tincture of iodine, in a tablespoonful of water, every fifteen minutes until relieved. After taking the second dose the vomiting ceased, and before fifteen minutes more she was sleeping soundly. The following morning she awoke without the slightest feeling of nausea and was able to eat a hearty breakfast with relish.

I was so favorably impressed with the action of the remedy in this case that I decided to give it a further trial. The next suitable case which presented an opportunity for investigating its value, was the following:

CASE II.—A woman, aged 43 years, had been suffering for a number of weeks from irregular rigors followed by a variable rise of temperature and profuse sweating. Annoying as these symptoms were, she considered them trifling when compared with the constant nausea and frequent vomiting from which she also suffered, and for the relief of which I saw her in consultation. We were, at the time, unable to make a diagnosis as to her general condition; but later, from the subsequent history, concluded that she was suffering from acute general miliary tuberculosis. Faithful efforts had been made to control the vomiting, both by a variety of drugs, and by so arranging her diet as might best conserve for the relief of this distressing symptom, which was depriving the patient of both food and sleep. I advised that she should be given five drops of the compound tincture of iodine every four hours. This was done, and in less than thirty-six hours she was relieved of both nausea and vomiting.

Following up these cases, in which iodine had given good results, I began to give this remedy in a large number of cases of vomiting from a great variety of causes. For example: I have used iodine in doses of from one to five drops, frequently administered, for the vomiting of phthisis. During the past year I have employed it over fifty times, and find it to give better results than any other remedy that I have seen used for this purpose. The following case is a fair example of the satisfaction which may be had from the use of small doses of iodine for relieving phthisical vomiting.

CASE III.—A woman, aged 28 years, who had catarrhal phthisis which had advanced to the stage of excavation, had for three weeks before I saw her, been suffering from almost constant vomiting, having been unable to retain even the simplest nourishment during this time, in consequence of which she had grown very anæmic, emaciated rapidly, and her other general symptoms had become much aggravated. I ordered her to have two drops of the compound tincture of iodine every fifteen minutes until relieved. In less than two hours after taking the first dose the vomiting had

ceased, and when I saw her again, at the end of one week, she was eating fairly well, was able to be about with comfort, and was withal better than she had been for a number of weeks previously.

This rapid checking of emesis, in a class of cases usually so difficult to control, is a fair example of the power possessed by iodine in checking vomiting, and it is easy to infer therefrom the comfort afforded patients, and the satisfaction one gets from the use of this drug in the vomiting of phthisis. In fact I have found iodine, in small doses, to exercise such a particularly salutary influence over phthisical vomiting, that I wish to record my belief that we have in it the most generally useful agent at our command for controlling this very distressing and obstinate symptom.

I have been able to check the annoying vomiting sometimes seen in the following case :

CASE IV.—A woman, aged 35 years, who had been subject occasionally to attacks of hysteria about the menstrual epoch. Two months previous to the present attack she had vomited for three weeks, commencing with the menstrual flow, and ending two weeks before the next period. During this time she had been confined to bed, and given various remedies without relief. She finally recovered after all medication had been discontinued. Six weeks after this, she again began to menstruate, and shortly after to vomit profusely. I gave her two drops of the compound tincture of iodine every half hour, from which she said she experienced great relief, and in less than forty-eight hours she ceased vomiting completely.

We all know that conclusions based on the use of drugs in hysterical women are, as a rule, fallacious, and I only cite this as one out of several cases of hysterical vomiting in which iodine has afforded me much satisfaction.

The morning nausea and vomiting of drunkards, as well as the more persistent emesis, from which they often suffer after a prolonged debauch, have, in my experience, yielded more readily to small doses of iodine, than to any of the somewhat lengthy list from which selection is usually made.

CASE V.—A man, aged 45 years, who had been a hard drinker all his life, always after a prolonged indulgence suffered from annoying vomiting for several days. He consulted me while suffering from an attack of unusual severity. By giving him three drops of the compound tincture of iodine every hour, I was able to quickly stop his vomiting, and at the end of twenty-four hours he was feeling so well that he began again to drink as freely as before.

The foregoing is the last one of a long series of similar cases, and I cite it not as a striking illustration, but, because it has come under my care while writing this.

The vomiting we so frequently meet with in severe cases of septicæmia is very harassing to the patient, and renders the prognosis so much more grave, that it behooves us to check it as quickly as possible. I have had several cases of septicæmia under my charge during the past few months, and have been greatly pleased

with the control which small, frequently repeated doses of iodine seemed to exert over the symptom.

The results in the following case were particularly gratifying.

CASE VI.—A woman, aged 30 years; I was asked to take charge of this patient immediately after she had been operated on, and had her under my care for two weeks. The patient was suffering from phthisis, and had been jaundiced for six months before the operation was done. The operation consisted in a resection of the right ankle. The details of the case have no interest for us here; suffice it to say, that, notwithstanding careful antiseptic treatment of the wound, the woman developed marked signs of septic poisoning, and before the end of a week had a temperature of 105°, and was rejecting everything swallowed. After trying to establish a tolerance of the stomach by a regulated diet and failing, I gave her one drop of the compound tincture of iodine every fifteen minutes. In less than six hours I was able to control the vomiting, and by means of an occasional dose of iodine kept the irritability of the stomach perfectly in check. At the end of the following week I delivered up the patient who was eating and sleeping well, with a temperature but slightly elevated and the wound doing finely.

I feel confident, that had it not been for the iodine which checked the vomiting, the patient would have been shortly reduced to a condition of extreme prostration. For, judging by a large number of cases of septicæmia which I have seen, we can have but slight hope of checking the vomiting from the use of the routine anti-emetic remedies.

In the latter stages of chronic nephritis, where we so often encounter troublesome attacks of vomiting, I have used small doses of iodine with good success. The benefit obtained is often lasting, but I now and again come across a case where the administration of iodine has to be kept up for a considerable time, and later used whenever nausea and vomiting again supervene.

CASE VII.—A man, aged 55 years, has chronic diffuse nephritis, and is suffering from almost constant nausea and vomiting. Gave him two drops of the compound tincture of iodine every four hours. This checked the vomiting and relieved the nausea. By taking an occasional dose of iodine whenever vomiting threatened he was able to keep the irritability of his stomach in abeyance.

It would appear at first sight a doubtful expedient to give iodine in even comparatively small doses to patients with acute catarrhal gastritis. I have often given it in this condition, however, with the best satisfaction, as the following case may serve to illustrate.

CASE VIII.—A man, aged 50 years, suffering from acute catarrhal gastritis. When I saw him he was having free, but somewhat painful emesis. I gave him one drop of the compound tincture of iodine every fifteen minutes, and had the pleasure of seeing the vomiting stop after he had taken three or four doses of the medicine.

But I do not intend to give examples of all the classes of cases in which I have used iodine as a stomachic sedative, for did I at-

tempt this, I should be obliged to far exceed the limits I have proposed for this paper.

I will conclude with some half-dozen cases, chosen at random from a series of over one hundred cases of gastro-intestinal disturbance accompanied with vomiting which I have treated at the New York Dispensary, during the past summer, with drop doses of the compound tincture of iodine. The first case I will mention is one of gastritis with the following history.

CASE IX.—A child, aged 5 years, had been suffering with great pain in epigastrium and constant vomiting, with marked increase of temperature, for forty-eight hours before I saw him. The pain and vomiting had deprived the patient of rest, and together with the increased temperature and impossibility of retaining food, or even water, had caused him to emaciate rapidly. He was greatly prostrated when I was first called to see him. I ordered him one drop of the compound tincture of iodine every fifteen minutes, and instructed the mother to allow him a few drops of a mixture of equal parts of milk and lime-water, as soon as his stomach showed a tolerance of the iodine. At the end of two hours the medicine was retained, as was also the milk, which was given in small but increasing quantities, and at frequent intervals. This child went on to rapid convalescence, and had no return of the vomiting after it was at first checked by the iodine.

I prefer the following form for administration—

R	Tincturæ iodinii compositæ.....	m viij-3 ss,
	Bismuthi subnitratiss.....	3j-ðj,
	Glycerinæ.....	} aa 3 ij,
	Aquæ cinnamomi.....	
	Liquoris calcis, ad.....	3 ij.

M. et Sig. Dose, one dessertspoonful.

The mixture is to be well shaken up before being taken. Give a dessertspoonful every fifteen minutes until the vomiting ceases.

It may be objected that the bismuth and lime-water are the active ingredients in this formula. That this is not true, any one may prove to his own satisfaction, by studying the effect of the compound tincture of iodine, when given in drop doses dissolved in pure water. I find, however, that by using the above combination, the bismuth and lime-water help to allay the irritability of the stomach, and when they are given in conjunction with iodine, I think that the effect of the latter are more lasting, while the nausea is certainly controlled more quickly. Should intestinal disturbance also exist, the bismuth of course is still further advantageous. This prescription needs to be prepared anew every day, as the free iodine combines with the lime to form the iodide of calcium, on standing twelve hours.

Or, what will be found more convenient, have the above formula put up but omit the iodine, which is to be kept in a separate bottle, and the requisite amount dropped in the dessertspoonful immediately before administration.—*Ame Jour. Med. Science.*

INTRA-UTERINE INJECTIONS IN THE TREATMENT
OF PUERPERAL SEPTICÆMIA.

By T. GAILLARD THOMAS, M. D.,

Clinical Professor of Gynecology in the College of Physicians and Surgeons,
New York.

The following case seems to me to illustrate what should be the accepted treatment of puerperal fever, or puerperal septicæmia, at the present day. The case was that of a lady in the higher walks of life whom I was called to see about a month ago, in consultation by her physician, a man of wide experience. She was a primipara, was taken in labor at four o'clock Sunday afternoon, and at nine o'clock in the evening was delivered of a female child, without any difficulty or assistance. Her physicians examined the external genitalia carefully, and found no tear whatever. The nurse was instructed to syringe out the vagina carefully the next day with carbolized water, which she did. The first forty-eight hours passed by without any bad symptoms at all, but, on visiting her on Tuesday morning, the physician found a temperature of 101° F., and in the evening it had risen to 102.5°. The next morning, the morning of the fourth day, the temperature was 103°, and the patient began to complain of very severe pain in the right iliac fossa. There had been no chill. At five o'clock in the afternoon the temperature was 106.5° in the mouth. The patient's appearance became wild, as of one who was about to have puerperal mania; the skin was hot, and she was crying out with pain, although she had received a good deal of morphine.

Having now been called to see the patient, I took the temperature in the mouth myself, and confirmed the record of her physician, that it was 106.5°. The pulse was 145. Making a vaginal examination, I found a bilateral laceration of the cervix uteri extending nearly up to the vaginal junction. Probably this extensive laceration partly accounted for the rapidity and the ease of the labor as occurring in a primipara. I urged that the uterus should be washed out with carbolized water at once, but her physician had never seen the method practiced, and was strongly prejudiced against it; he finally consented only because it was apparent that unless something decided was done the patient would soon die. Using the Chamberlain tube and the Davidson syringe, Dr. Jones, and afterward Dr. McCosh, continued to wash out the uterus with carbolized water every four hours during the night, and the next morning the temperature was found to have sunk from 106.5° to 101°; the pulse had fallen from 145 to 120; the patient, who had been given opium quite freely during the night, declared that she was very much relieved. Indeed, the relief had been so extraordinary that they began to believe that the danger was not real at all; that some exceptional circumstance had occurred, and that there was no septicæmia. The uterus was now washed out at longer intervals, but at once the temperature went up to 102°, 103°, 104°, and 105°, and the patient again began to look maniacal. The uterus was now washed out every three hours, opium was freely

administered, ten grains of quinine were given every eight hours, ice-water was passed through a coil of rubber tubing placed over the abdomen; and as long as this treatment was kept up the temperature did not rise above 101° or 102° ; but so soon as they ceased to wash out the uterus the temperature at once rose to 104° , and at times to 105° . This fact was proved by repeated trials.

After this treatment had been continued for ten days, a physician remaining with the patient day and night, giving the injections every three hours, and thirty grains of quinine during the course of the day, it was believed to be time to stop it; but in less than twenty-four hours the temperature rose to 105° . I mention the amount of quinine which was being taken particularly, so as to prove positively that there was nothing of a malarial character in the case at all.

On the sixteenth day after delivery, the tenth day after the commencement of the high temperature, the intervals between the uterine injections were extended from three hours to four, then to five, six, and seven hours, and finally they were discontinued altogether, and at the same time the administration of quinine was given up and the coiled tubing was taken off. Opium was continued in small doses for a while longer, and the patient recovered entirely.

I wish to contrast this case with another which I saw just before—that of a woman who had been recently delivered of her third child. When I was called to see the patient the temperature was 106° ; she had been taken with violent pain in one iliac fossa, and had been put, five days before, pretty profoundly under the influence of opium, and a blister had been applied over the whole of the abdomen. Large doses of quinine had likewise been administered. When I saw the patient the use of intra-uterine injections was begun at once, but the patient lived only twenty-four hours, and died in a state of coma.

It seems to me that the time has arrived when puerperal septicæmia should be treated upon just as simple a plan as septicæmia of any other kind is, namely, by washing with some antiseptic fluid the surface where the disease originates—some fluid which will remove the poisonous material which is being absorbed, and, also, so far as possible, neutralize its poisonous qualities. In brief, I would say that puerperal septicæmia, with our present light on the subject, should be treated in the following manner:

First, wash out the uterine cavity completely with some antiseptic fluid; second, quiet all pain by opium; third, get the peculiar influence of quinine upon the nervous system; and, fourth, keep the temperature, at all hazards, at or below 100° by the methods which we now possess.

Three years ago, at the American Gynæcological Society, which met in Baltimore, I took the ground which I take to-day regarding this subject, and only one gentleman in the entire society supported my views. Every other member who spoke referred to the dangers of introducing air into the uterine sinuses during the injection, etc. But I believe that the dangers attending the use of the injections are counterbalanced by the benefits to be derived.

I do not think there is the least probability that air will be introduced if a tube of large size—as large as the finger—is used. But when a catheter is employed there is some danger of inserting it into a sinus and introducing air and fluid together directly into the vessels.—*N. Y. Med. Jour.*

DEATH FROM USE OF CHLOROFORM.

BY HUNTER MCGUIRE, M. D.,

Ex-President Medical Society of Virginia, formerly Professor of Surgery Medical College of Virginia, etc., Richmond.

Mrs. M., æt. about 35, mother of six children, came to me October 6, 1882, with rupture of the perineum, the laceration extending into the rectum. She was about the usual height, rather thin in flesh, but healthy, and had never had any serious attack of sickness. Examination of heart and lungs revealed no sign of disease, nor was there any indication of disease of any of the other organs of the body.

On the 10th of October, the day appointed for the operation, she ate a simple breakfast; her bowels were moved by an aperient taken the night before, and at 9 and 11 o'clock she took five grains of quinine. At 2 o'clock, when I entered the room, I found her quite cheerful, and I thought with less than the usual apprehension about the operation and the use of chloroform. She was in bed, in her loosely-fitting night-clothes, her head supported by one pillow. About one drachm of Scquibb's chloroform was poured into a napkin, folded into the shape of a cone, open at both ends, and the lady began to inhale it. To avoid the danger of giving the vapor in too concentrated a form, the napkin at first was held several inches from the face, and gradually brought closer to her mouth and nose. She breathed the chloroform quietly, without choking, coughing or other resistance. Her face was turned towards me as I sat at the side of the bed, and she kept her eyes wide open, looking up into my face; the back of her right hand and arm lay across my knee, and I kept my finger on the pulse in this arm, noticing it carefully. Her wrist was thin, the artery prominent, and the pulsation distinct. I noticed at the time how clear, distinct and rather full the pulse was. As the day was warm, a window near the bed and a door opposite were opened. In the room with the patient and myself was Mrs. Jenkins, superintendent of the "Retreat." Outside of the open door, in the hall, were two assistants, Drs. Hugh Taylor and Lewis Wheat.

After she had breathed the anæsthetic for about two minutes and was still conscious, the pupils of both eyes slowly dilated to two or three times their natural size. When I saw this, I spoke to her, and she answered me intelligently. While she was speaking, the pulse in the arm upon which I had my finger stopped suddenly. It did not flutter and gradually fail, but abruptly ceased. The last stroke was as full and distinct as those which preceded it. A blow upon the heart would not have stopped it more abruptly, so sudden and complete was the *cardiac paralysis*, and this took place before she was under the influence of the chloroform and while

she was yet conscious. When the heart stopped the face became palid, some convulsive movements of the muscles of the face and neck occurred, spasmodic, not tetanic in character; dilatation of the pupils slightly increased, and respiration continued for some seconds after the pulse ceased beating at the wrist. At least twenty-five or thirty respirations occurred after the cardiac paralysis, but the breathing was irregular, convulsive and imperfect. Fifteen or twenty seconds intervened between the first appearance of dilatation of the pupils and arrest of the heart's action.

Nitrite of amyl, galvanism (both agents were close at hand), inversion of the body, and artificial respiration, kept up for an hour, were employed, but were of no avail.—*Va. Med. Monthly.*

OBSERVATIONS ON ECLAMPSIA.

BY H. L. W. BURRITT, M. D.

In the Compendium for January, the question of "Acceleration of Puerperal Convulsions (page 73) is stated to be an open one. I take it for granted that by a large majority of the profession the following propositions are considered axioms:

1st. That bleeding *pro re nata*, as to quantity and according to constitution and strength, is indispensable, and its neglect almost criminal.

2d. That delivery the sooner the better is always the rule and not the exception, in all cases of eclampsia.

3d. That bleeding being premised, delivery will end the convulsions after half an hour.

4th. That delay is far more dangerous to the patient than the use of any means, manual or instrumental, to the end.

Hence I cannot see any force in the foreign authority or statements, "that delivery does not, as a rule, exert a favorable influence on puerperal convulsions," and that statistics, as given by Dr. F. Schauta, are unreliable, as his own exceptions—relief of pressure, restoration to the normal state, safety to the child, all deny his facts as given.

All experienced physicians have seen cases of convulsions in women seven to eight months pregnant, where even after bleeding the convulsions persisted until the os was forcibly dilated and the child turned and delivered, often with all the force of traction the attendant could use. I have seen thirteen of such cases without any bad result to the mother. In one case there were fourteen convulsions, six after bleeding to eighteen ounces—seven and a half months—fourth child; weight, two pounds eight ounces—forcible dilatation—time, half an hour—only one spasm after loss of consciousness—child now five years old.

Turning is far preferable to the forceps, as there is no obstetrical instrument equal to, and no force so great, that can be used so safely, both in dilatation and extraction, as the *thinking* human hand; its power is sure, and it knows what it grasps, and it gives confidence to the operator. The experience of over a hundred

cases justifies my opinion. Who ever heard of a case by a *regular* of injury to the mother where the hands were used alone? Is it not true that ergot carefully used, rupture of the bag of waters, and bleeding followed, by early and forcible extraction, have saved more mothers and children in eclampsia than any other method? Bleeding to save the brain, ergot as safety against the hemorrhage of chloroform, forcible extraction to relieve those terrible spasms, immediate relief where an hour's delay may be fatal, and bleeding, above all the anchor of safety—are not these *now* the established *rules* of the profession?—*Med. and Surg. Rep.*

HOW TO CURE A FELON.

BY J. M. HOLE, M. D., SALEM, OHIO.

We have seen in various medical journals at different times, how to cure felons. We have never seen our cure published, and will give anybody fifty dollars who will try our cure and it fails. Well, so far so good. Now for the cure:

Take common salt, roast it on a hot stove until all the chlorine gas is thrown off, or it is all dry as you can make it. Take a teaspoonful, and also a teaspoonful of pulverized Castile soap, add a teaspoonful of Venice turpentine, mix them well into a poultice and apply to the felon. If you have ten felons at once, make as many poultices. Renew this poultice twice a day. In four or five days your felon will, if not opened before your poultice is first put on, present a hole down to the bone where the pent up matter was before your poultice brought it out. If the felon has been cut open, or opened itself, or is about to take off the finger to the first joint, no matter, put on your poultice, it will stop it right there, and in time your finger will get well, even if one of the first bones is gone. Of course, it will not restore the lost bone, but it will get well soon. Try it.—*Peoria Med. Monthly.*

Treatment of Cerebro-Spinal Meningitis.—Prof. H. C. Wood, in a clinical lecture in the Medical Gazette, sums up as follows: During the first three or four days in the strong and robust, leeches or cups may be applied to the temples or nape and upper part of the spine. Ice-bags are applied to the head and back of neck for the first days—in many for a week. To relieve headache, restlessness and delirium bromide of potash is the best agent, gr. 20 to 30 every three hours. Its efficacy is increased by adding chloral (ten grain doses usually) or in those who cannot take chloral, tinct. hyosyami (drachm doses) in the hysterically inclined. If possible don't use opium, but sometimes it becomes necessary, as the remedies already named occasionally fail. The temperature is not apt to run over 104° (a very harmless height) in adults except at the close, and quinine is not indicated; moreover, it has no effect in lowering the temperature; if th's be an object, it is best done by cold affusions, cold and tepid baths, or the cold pack.—*Ex.*

ABSTRACTS AND GLEANINGS.

Hot Water in Post-Partum Hemorrhage.—Dr. Parish, in a paper read before the Philadelphia County Medical Society (Med. Times) remarks :

I come now to a remedy not so long in vogue, but one that has in my hands given most satisfaction. I refer to hot water. Freely injected into the uterus at a temperature of about 112° or 115° F., it is a very prompt excitant of uterine retraction.

It will produce this effect with greater promptness than will cold water or ice, and will bring about uterine condensation after ice has failed because of the patient's great exhaustion. It should also be applied externally over the abdomen. I am in the habit of folding a towel as a flat compress, saturating it with water as hot as my hands will possibly endure, and, squeezing out the redundant water, to apply the wet and hot towel on the abdomen, and then, placing my hand on the towel through it, to compress the uterus. The womb will be felt to harden promptly even when the same manœuvre with iced water has previously not succeeded in obtaining condensation. The remedy may be rendered disinfected with permanganate of potash, carbolic acid, etc., or even more efficient in producing retraction by the addition of vinegar, though I have never seen this addition necessitated. Hot water controls bleeding from the placental site by securing with certainty prompt and complete condensation. It has no, or at least very little, influence in the formation of thrombi; it washes out all clots and leaves the uterus clean; it will secure condensation after other agents have, by reason of the patient's exhaustion, failed; it is operative when the patient is under ordinary etherization; it controls bleeding from lacerations at the same time that it controls the loss of blood from the placental area; it controls bleeding from the laceration by producing contraction of the vessels, and not by causing coagulation of the blood; it is more invariably attainable than other agents, and can be had in all seasons and in all climates.

The water should be hot enough—as hot as the hand, or, better, the uncovered arm, can endure. This degree of heat is not usually painful to the patient, excepting to a limited extent at the external genitals. There is no shock resulting from its use; it is a remedy against shock. It is followed by an increased feeling of comfort. It will regulate irregular uterine contraction by stimulating the entire body into contraction, and will thus check bleeding when superinduced by paralysis of the placental area. It is valuable in the prevention of hemorrhage in "bleeders," or in any case in which there is reason to expect undue loss of blood.

Of all the remedies directed towards the stopping of post-partum hemorrhage, hot water thus combines the maximum of promptness and certainty with the minimum of noxiousness to the patient.

To summarize very briefly the line of management, I would say,

as soon as the child is born, secure, with the hand over the abdomen, retraction about the placenta; if hemorrhage occurs, express the placenta and continue with the hand externally to effect retraction. If the bleeding does not promptly stop, inject hot water in considerable quantities into the cavity of the uterus. While the injection is being effected, apply or have applied at the same time a hot wet compress over the abdomen, and, by a hand placed on this compress, make firm pressure on the uterus. Ergot should be, as soon as possible, injected, hypodermically, but the above measure should take precedence in time of application:

[R Ergotin..... 15 grains,
Water..... 6½ drachms,
Glycerin..... 6½ drachms,
Dose, one drachm hypodermically.—ED. REC.]

In post-partum hemorrhage dependent upon a laceration of a cancerous cervix, I have had of late, no opportunity to use the hot water. In such a laceration it should be employed; but if the bleeding is not quickly controlled, a piece of cloth saturated with Monsel's solution (sol. persulphate of iron) should be pressed with the fingers against the bleeding surfaces. In post-partum bleeding following placenta prævia I have not used hot water, but should expect its favorable action. In one such case, swabbing the placental area around the internal os with Monsel's solution acted so promptly in preventing death that I should prefer at once to resort to this remedy in such cases. I should never make an application of Monsel's solution by way of merely preventing hemorrhage even in cancer of the neck, nor in placenta prævia; for bleeding after labor is not an invariable accompaniment of either of these conditions.

There are not a few minor adjuvants in the treatment of post-partum hemorrhage, such as the compression of the aorta, lowering the head, admitting fresh air, etc., which are more or less valuable, but which do not demand discussion in this paper.

In cerebral anæmia following an excessive loss of blood, the hypodermic injection of stimulants—whisky, ether, etc.—is of very special value, as absorption in syncope from the stomach is very slow or in total abeyance.

Small doses of an opiate in filling the cerebral vessels, diminish shock, and quiet restlessness.

DISCUSSION ON DR. PARISH'S PAPER.

Dr. William T. Taylor said that he had, during the earlier years of his practice, been afraid to introduce the hand into the uterus; it was considered dangerous; for it was a kind of *noli me tangere*, whose cavity must not be invaded. He had, however, changed his mind, and now regarded the hand as really the first thing which was commonly "on hand" for use in post-partum hemorrhage and other troubles. For, if the child had recently passed through the os uteri, it was not generally so much contracted but that the hand could be conveniently and carefully introduced in order to remove the cause of the hemorrhage, clots, etc., and then,

by pressure externally, the uterus will contract and expel the hand, when the hemorrhage will cease.

Dr. Ludlow inquired whether Monsel's solution produced a true coagulation. He thought it was rather a carbonization. He would like Dr. Smith to state whether he knew of any death resulting from the use of the iron hæmostatics, particularly Monsel's solution, the only one he had used. He had been one of the first to use Monsel's solution in these cases, and had used it often, by means of a special instrument of his own make, there being no other at that time to be had, and never had any trouble. Dr. Parish himself, in the paper, had spoken of it as a last resort. Why last resort? He recalled a case where a patient had been bleeding for some time, and in which ergot, ice, and other methods had failed. He had never used Monsel's salts in so recent a case before (this, it must be noted, was before hot water was suggested), but he used it here with success. He would not use it always, of course, but was not afraid of the kind of coagulation produced, which he believed to be a direct chemical change by the hæmostatic upon the blood. Our chemists can soon determine this. Besides, by the most of means used coagulation is produced.

Dr. Ludlow said that he was aware that deaths had occurred from the use of Monsel's salt, but he had referred in his question only to its use, as Dr. Barnes had advised, after the uterus had been emptied. It was only under such circumstances he used it. He very soon found that it would not permanently stop the flowing of blood when even the small papilloma, not larger than a usual wart, existed in the uterus. The abuse of an article, or a wrong mode of using it, or the unskillful performance of an operation, is no argument at all against its proper use. He advised Dr. Smith to try the iron hæmostatics and report the result. Dr. Ludlow said that he could detail numerous cases of hemorrhage controlled by iron hæmostatics when every other means had failed. It is dirty, undoubtedly; but that can be no objection when life is involved.

Dr. Wm. S. Stewart was an advocate of the use of iron. He had not seen any bad results from it. He never allowed the clots to remain, but as soon as the patient had reacted he removed the clots and syringed the uterine cavity, repeating this latter operation for several days. He was glad to learn that this system of syringing had been adopted at the Woman's Hospital. The use of iron and hot water will be rarely necessary if labor is properly conducted and not hastened; but no clots or shreds must be allowed to remain. If we carelessly pass over these, we will have profuse hemorrhage, which will require strong treatment. We should explore the uterus thoroughly, examining to the fundus. If the nails are trimmed and the hands clean, no injury will be done. He had sometimes been obliged actually to scrape off the placenta, but had seen no harm result.

Dr. Hewson had recently seen Dr. J. Marion Sims perform the operation of incision of the os uteri, and, suspecting that the circular vessels might be wounded, Dr. Sims had used cotton saturated with dilute tincture of chloride of iron, one part to four, and packed it well into the vagina, back of the cervix. The applica-

tion was considered on the occasion by Dr. Sims the best antiseptic and styptic.

Dr. Blackwood agreed with Dr. Parish's advice to retain the placenta fifteen or twenty minutes. He thought that the vessels of the placental site are filled with clots. He had made a post-mortem examination of the body of a woman who had died of pulmonary hemorrhage just after the third stage of labor, and he had found the uterine vessels filled with clots. He did not think that the hand, if carefully introduced into the uterine cavity, could do harm. He often did it, placing the other hand at the same time on the abdomen. In treating hemorrhage, he had used vinegar and lemon-juice, but did not like ice. Hot water is the remedy, but in one case he had seen decided shock from its use. He did not believe in iron.

Dr. Welch thought that Dr. Parish had overestimated the danger of introducing the hand into the uterus, which is always greatly relaxed and offers but little resistance to such introduction. It is necessary to insert the hand in order to discover the cause of the hemorrhage. If it results from laceration, that condition can be recognized, and if the uterus contain clots, we can turn them out. The late Dr. Charles D. Meigs used to insist upon this both in his lectures and his writings.

Dr. Welch wished to emphasize the advantage in the use of vinegar. He had seen a case of post-partum hemorrhage in which the bleeding had been very extensive; the color of the lips had even been lost, and the patient could only speak in a whisper. The hand was introduced and the clots turned out, but this did no good. Ice was also used, without effect. The patient was so far gone that she did not even feel the ice within the uterus. A clean white rag was saturated with vinegar and introduced, and in an instant the uterus contracted. The patient rallied, and no further hemorrhage occurred.—*Med. Times.*

Clinical Notes on Opium Addiction.—Dr. J. B. Mattison, (Soc. Co. of Kings) reports:

G. H., physician, æt. 42; ten years addiction; daily taking, 18 grs. morphia, hypodermically; cause, peritonitis; effects, bowel torpor—for years no evacuation without enemas; vesical and sexual debility, anorexia, indigestion, hemorrhoids—the hemorrhage sometimes profuse, mental depression, muscular weakness and emaciation; in general, a wreck-like state of mind and body. On admission was pallid and weak. Tonic regime, exclusively—strychnine, iron and digitalis, with generous diet for ten days. Morphia then reduced to six grains without discomfort. Sedative treatment secured desired effect, and entire opiate withdrawal in eight days. During afternoon of last day's habituation—the final dose being one-third of a grain—had severe headache, of limited duration, relieved by hot sitz bath and cold to the head. Moderate restlessness followed, subsiding in 48 hours. No other symptom of note. No vomiting; no diarrhoea. Patient made an astonishingly rapid recovery, and was dismissed, cured, on the thirty-first day of his special treatment.

Later, per letter, he says: "Do you ask, 'does the old enemy ever assert power, and tempt me to the hypodermic?' Most gladly can I answer, no! There is not the least physical desire for morphia!" Still further testimony to his radical recovery is his present active pursuit of his calling.

The therapeutics of these cases included bromide of sodium, hot baths, electricity—both galvanic and faradic currents, atropia, strychnia, hyoscyamia, quinia, chloral, coca, cannabis indica, Jamaica dogwood, varied tonics, full feeding, and cheerful surroundings.

To note these in detail requires some preliminary reference to the morbid condition they are intended to relieve. The symptomatology of opium abandonment, in our opinion, relates to an exalted activity of the spinal cord manifested in varied reflex irritations. To this are attributable the aches, pains, vomiting, purging, collapse and horrible discomfort, in general, which follow entire and abrupt withdrawal of a long accustomed opiate. If this be correct, it is also correct to assert that any drugable to control this over-action must prove potent for good in treatment. Such we have in the bromides. Their power to subdue reflex irritation is known to all, and in no disorder is this more happily proven than in the one to which we refer.

A special and original application of this power is what we term *preliminary sedation*, which consists in the giving of the bromide for a time *prior* to entire opiate withdrawal—meanwhile gradually reducing the accustomed narcotic—so that at the time of maximum spinal irritation we have maximum bromide sedation, and the one counteracts and controls the other.

We use, exclusively, bromide of sodium. It has two leading advantages. Saving bromide of lithium, it contains the largest proportion of bromine, which is the active factor, and it is less unpleasant than any other, never, in our experience, causing gastric trouble. Minor points in its favor are, lessened tendency to digestive and muscular impairment, and cutaneous irritation.

We use it in full doses—60 grains, increased to 100 or 120—in eight ounces of water, twice daily, at twelve hour intervals, and continue it from five to ten days, or even longer—average time, one week—the extent of its giving, both amount and duration, depending entirely on the peculiarities of each case, before and during treatment.

Hot baths, 110° to 112°, are the most efficient agent at command to relieve and remove the peculiar restlessness which is an *invariable* sequel of opiate abandonment. They are given often as required, ten to twenty minutes duration. Their efficacy is sometimes enhanced by a short douche or shower.

Electricity is used as a tonic and sedative. The galvanic current we often employ from the outset, and, after abandonment, find it useful as a general restorative and remover of local pains. For the muscular debility following withdrawal, nothing, in our experience, equals general faradization—10 to 20 minute seances daily. The sense of exhilarating comfort resulting is often very

decided. Occasionally it is used twice daily, and, very exceptionally, it is not at all acceptable.

Atropia is used in initial doses of 1-120 gr., hypodermically *ter die*—or its equivalent by the mouth—and pushed until it produces systematic effects—dry throat and disturbed vision.—This has never required a dose exceeding 1.40 of a grain.

Strychnia is given in subcutaneous doses of 1-30 of a gr., thrice daily, and continued, in some form, throughout treatment.

Hyoscyamia, in our experience, has proven itself the nearest approach to morphia of any alkaloid yet presented. We use Merck's *amorphous*, in the dose of one-sixth of a grain hypodermically, and have known it, repeatedly, to produce steady sleep of several hours' duration.

Quinia is used for a two-fold purpose—tonic and sedative. As the former, in two grain doses, three or four times daily, throughout treatment. As a sedative, in 20 grain doses, given a few hours in advance of the restlessness following withdrawal, and repeated at 12 to 24 hour intervals, as required. Thermometric observation proves its power to control the rise in temperature noted after opiate abandonment. Subsequently, it is sometimes given as a soporific, and its efficacy, in this respect is, to us, beyond dispute.

During the first three or four days after opiate discontinuance, chloral fails of its usual effect, and we never employ it. We have not noted the excitement, stated by Levenstein, but, simply, that it does not induce sleep. Subsequently, as a hypnotic, it answers every purpose, and is given—usually combined with a bromide or hyoscyamus—as long as may be required. We use Squibb's make, in decided doses, our experience being that a single full dose is preferable to one small and frequently repeated. When acceptable to the stomach it is often kindly received, per rectum, same dose as by the mouth, in an ounce or half ounce of warm mulilage.

Cocoa, though far from being what some theoretical enthusiasts have claimed, is a stimulant of value, and as such fills a place in treatment. We use Squibb's extract, in half-ounce doses, frequently repeated after the opiate withdrawal.

Cannabis indica, in some respects, is an efficient substitute for opium. It relieves pain and brings sleep, though often causing a mild, harmless intoxication. After a trial of various preparations, foreign and domestic, we prefer the fluid extract made by Squibb. It must be given in large doses, the ordinary dose of the books being of no avail whatever.

Jamaica dogwood is a somewhat uncertain anodyne and soporific, yet worthy of trial to relieve the neuralgic sequelæ of opium addiction. We give it in full ounce doses.

Varied tonics include iron, arsenic, digitalis and cod-liver oil. The first two if anemic. Digitalis after the sedative treatment, as a tonic and also diuretic, to eliminate the bromine. Cod-liver oil is a particularly valuable roborant, possessed of special nutrient properties to repair the wear and tear of prolonged narcotic addiction. We prefer Moller's plain oil and Phillips' emulsion.

During the first two days of opium abstinence, patients are best restricted to a diet of milk and lime-water, in small amounts, often repeated. After that, full feeding is allowed and encouraged to the largest extent consistent with gastric comfort.

Ulceration of the Os Uteri.—A writer in *American Medical Journal*, June, 1883, says :

"When we suspect that a woman is suffering from ulceration of the uterus, we propose an examination and forthwith make it, if permitted. We use one of Staufer's speculums, with hollow bulb conductor, stem and check wheel. These speculums are easily introduced, and when in place the vaginal portion of the uterus is well exposed and readily examined.

If we find an ulcerated os, we make the required local application through this same speculum, as follows : R S. H. Kennedy's concentrated aqueous extract of *pinus canadensis* (dark), one teaspoonful; warm water, one tablespoonful. M. Saturate a wad of cotton batting with this solution, and while the speculum is in place, introduce the saturated cotton through it. That the medicated cotton may be placed firmly upon the ulcerated and inflamed os, we put the hollow bulb conductor into the speculum, and with this we push the cotton entirely through the speculum, and against the uterus. We now carefully withdraw the instrument, leaving the medicated cotton in place. This application may be repeated daily, and after a few times the patient can introduce the speculum and apply the medicine without assistance. As improvement takes place the solution can be made weaker.

For making such examination and application, no speculums equal these. And for local treatment, in such cases, nothing equals S. H. Kennedy's concentrated aqueous extract of *pinus canadensis*. Richardson & Co., of this city (St. Louis) furnish it in either form required, dark or white.

It is astonishing how rapidly vaginal and uterine inflammation subside under this plan of treatment. Tender parts grow less sensitive, itchings and smartings are relieved, prolapsus disappears in many cases, leucorrhœas are cured, and a general change for the better is enjoyed.

Bovine Virus Disapproved.—Dr. Varian, in *Medical and Surgical Reporter*, in an address before the Medical Society of Pennsylvania, says :

The uncertainty of the action of animal virus, and the frequently recurring necessity for its renewal, I found wearisome and discouraging. The brief period which elapsed after a successful vaccination before the subject became susceptible to a re-vaccination argued a weak prophylactic power, which argument was not weakened by the occasional occurrence of varioloid shortly after a successful vaccination. But I still persevered, for I felt it my duty to give my patients what was considered the purest and best means of prophylaxis that could be obtained. Still I could not but feel that the entire failure of at least thirty per cent. of all my primary vaccinations was discouraging, and the necessity of going over

the same ground again and again was, to speak mildly, monotonous.

During the winter of 1881 and 1882, small-pox was epidemic, and its loathsome wave rolled over the entire country. Almost every individual in my section demanded vaccination, and it was necessary to obtain material from every source of supply within my reach. The result in many cases was the production of an unhealthy and poisonous sore, often phagadænic, and always inflammatory, which gave great trouble and frequently took weeks to heal. These cases all suffered from severe systemic disturbance, which in some cases was not without danger to life. When finally healed, the cicatrix in some cases became the seat of an erectile tumor which resisted all measures of destruction, and was finally removed by extirpation with the knife. Had this experience been personal to myself alone, it would have proved disastrous to my practice and reputation; but it was a common experience to all practitioners in my neighborhood; and the universality of the misfortune was our protection from public reprobation. An experience of nearly thirty years use of humanized virus had shown me that it possessed great protective power against variola, together with certainty of action, and freedom from such effects as above described. Less than ten years' use of animal virus has led me to believe that it is uncertain in its action, that its protective power is not so lasting, and that at times it was not free from a liability to produce disastrous effects. I have strong doubts whether any protection from variola has been obtained in those cases wherein the inflammatory sore above described was produced; but I have no doubt whatever, that it would now be difficult, if not impossible, to induce the sufferers to submit themselves to another vaccination. So far as I have collected the testimony of the medical men in my vicinity, their experience has been similar to my own, and their faith in animal virus has received a rude shock.

New Remedy for Syphilis.—The Medical Times and Gazette, January 6, 1883, says that Prof. Liebreich brought forward, at the last meeting but one of the Berlin Medical Society, a new drug for the treatment of syphilis by the subcutaneous method. This drug rejoices in the name of hydrargyrum formidatum, and, is, therefore, merely a different form of the old cure for syphilis. The mode of its preparation was not stated; chemically, it belongs to the amide group, in whose structure the monovalent amidegen (NH_2) plays an important part. Liebreich was led to think of this new preparation from the notion that the ordinary amides of the body, of which urea may be regarded as the principal one, pass out of the organism in an undecomposed state; when, however, an amide is in combination with a metal, decomposition readily occurs, and the metal is reduced and deposited. Liebreich repeated his experiments before the Society, and showed that these conjectures were quite true for the metal mercury. It is supposed, therefore, that the formamide of mercury, after the hypodermic injection, undergoes disintegration; and so the mer-

cury is set free, and is able to exert its well-known power over the lesions of syphilis.

The preparation is easily soluble in water, is of neutral reaction, does not coagulate albumen, is not precipitated by caustic soda, and the presence of mercury can be demonstrated by means of sulphide of potassium. The drug, when injected under the skin, produces its effects very surely and rapidly. This is not regarded as a disadvantage, for the medicine is said to be easily borne, and has never produced salivation in Liebreich's hands. There is very little pain attendant on the injection, which has never excited any inflammation. From a half to a whole of a Pravaz syringe (a one per cent. watery solution) may be injected twice or thrice daily. Liebreich looks on the preparation as the best we yet have for subcutaneous injection.—*Med. and Surg. Rep.*

A Five-Franc Piece Swallowed.—Dr. Pixley, in Medical and Surgical Reporter, says :

Miss Ellen S., aged 17, single, came to me for treatment in September, 1874, when the following facts were elicited: During a scuffle with a friend over the possession of a five-franc piece, she placed it in her mouth for safe-keeping, and inadvertently swallowed it. The coin lodged at the cardiac orifice of the stomach, giving her much pain, nausea and vomiting. The patient came to my office about three hours after the accident, and I saw at once that I could not extract the coin; I therefore took a probang and pushed it into the stomach, employing considerable force in the operation. Vomiting of blood together with the contents of the stomach, at once followed, and continued at intervals for eighteen days, attended by emaciation and loss of strength and appetite.

Often during this time, whenever the coin changed its position, she would fall insensible, as though struck in the stomach by some instrument. The young lady frequently remarked that she "could nearly vomit up the money," and expressed the thought that it could be more easily done if the stomach were filled to repletion. She accordingly filled her stomach to its fullest capacity with pancakes, and made ready to try the experiment. The first attempt was successful, the coin being ejected with such force as to knock out the two upper incisor teeth, and to loosen one bi-cuspid so much that it soon fell out. Large quantities of blood, mixed with the contents of the stomach, were thrown up, and the digestive power was greatly impaired. This condition of affairs lasted twelve months; and during the first three months it was with great difficulty that food of any kind could be retained in the stomach. Up to this time the action of the stomach showed ulceration, by the vomiting of blood and pus. These attacks of vomiting became less frequent and severe, and at the end of six months the patient seemed in a fair way to recover, and is now (1883) well.

Corrosive Sublimate.—The Medical Press & Circular, January 31, 1883, says that this powerful drug, whose virtues as an antiseptic were first made known to the world by R. Koch, is now coming rapidly into use. Tarnier employs it freely in his mater-

nity hospital. Every attendant on entering the labor wards must wash the hands and arms in a solution of corrosive sublimate (1 in 1,000). The patient's genitals are bathed in a solution of the strength of 1 in 2,000; this is also the strength required for vaginal injections. He appears to be well pleased with the results.

Billroth has also been employing it as a surgical dressing in a case of suspected anthrax. A patient admitted into the hospital had been in attendance on a sick ox, from the rectum of which he had removed masses of coagulated blood, passing the hand deeply into the cavity. Afterwards pustules made their appearance on the dorsum of the hand. It was this condition of the hand, with the attendant history, that led Billroth to a trial of corrosive sublimate, apparently of the strength of 1 in 5,000. No fever had set in after several days' employment of the antiseptic.—*Med. and Surg. Rep.*

Treatment of Delirium Tremens.—Death, no doubt, in delirium tremens arises from the want of sleep, but the want of sleep arises from want of nourishment. So says Dr. F. P. Atkinson, in *The Practitioner*, January, 1883. He recommends half a tin of Brand's liquid essence of beef and half a pint of milk to be taken alternately every two hours, and all stimulants to be cut off. Twenty-five grains of chloral, with thirty minims of compound tincture of cardamon in an ounce of water, every four hours, after the beef tea, will be useful. By this treatment, the patient is generally free from delusions in thirty-six hours; but good strong liquid food should be taken less frequently for several days. When there have been from ten to twelve hours more or less continuous sleep, then it is advisable to give up the chloral, and give thirty minims of the compound tincture of gentian with five minims of the tincture of nux vomica three times a day for about three days. This restores the tone of the nervous system and stomach, and creates an appetite. A little tincture of euonymin may next be substituted for the nux vomica, and some Carlsbad salt may be given in the morning when required.—*Med. and Surg. Rep.*

Confidential Communications.—The Northwestern Law Reporter reports the following decision of interest to physicians, since it involves the question whether information obtained by a physician from a patient, orally or from observation, must be disclosed on the witness-stand. The decision was given by the Supreme Court of Missouri. The law declares that "he shall be incompetent to testify concerning any information acquired by him from any patient whom he may be attending in a professional character, and which information was necessary to enable him to prescribe as a physician or operate as a surgeon." It was claimed that this statute referred only to what had been obtained from the patients verbally. The court held that, from the nature of the case, the result of the physician's observations were comprised under the term information, and that any other view would be destructive of the confidential relations of physician and patient.—*Gaillard's Med. Jour.*

Removal of Warts.—Dr. Unna, of Hamburg, (*Monatschrift Prakt. Dermat.*, 3, 1882), had a young girl under his charge, whose dorsal surfaces of both hands were the seat of over a hundred warts, daily more making their appearance. He made on gauze tissue a plaster mass, which contained 10.0 grm. arsenic and 5.0 grm. of mercury. This was kept on during the night. Two weeks later all the warts had disappeared and the healthy skin was seen. The cure here is not established by necrosis and dropping off of the excrescences, but like nature's spontaneous cure, by absorption.

We ourselves used to make cauterization our main treatment for the removal of condylomata. A year ago, a patient came to us, who, besides suffering from icterus, due to catarrhal inflammation of the bile ducts, was affected with condylomata also. As the latter were very large, preventing the prepuce from being drawn forward, their removal was desirable. They gave rise to an annoying itching and to a fetid odor. Not wishing to operate on them while the patient still had the jaundice, we told him to dust the parts daily with—

R Hydrarg. muriat. mit. 3 j,
Acid borac. pulver. gr. x.

M. Fiat pulvis.

And were not a little astonished to find, three weeks later, not a sign of them left. They were all absorbed. Since then we have often had occasion to use this powder, and invariably with the same good success.—*Med. and Surg. Reporter.*

Eucalyptus Globulus.—Dr. Smith (*Medical Tribune*) in reporting an obstinate case of intermittent fever, says:

I had read of the virtues of the eucalyptus globulus, in just such cases, and I resolved to test the medicine upon this patient. In accordance with this resolution I wrote the following prescription:

R Fluid ext. eucalyptus globulus. }
Glycerine. } aa 3 iv.
Simple syrup. }

M. Sig. One teaspoonful once in four hours.

She had no fever or perspiration after the first dose. I ordered her to continue the medicine until all was used. She was soon restored to her usual health. This prescription permanently cured her.

I soon had another opportunity of clinically testing the curative power of this medicine.

I was called in council to see a woman suffering with typho-malarial fever. The patient was 75 years of age, and had been under treatment for four weeks. At the time I first saw her she was greatly emaciated. The pulse was 110; temperature, 104; no appetite, headache, with extreme prostration. The fever was of the remittent type. I learned from her physician that all the usual anti-malarial, anti-periodic and fever remedies had been given her

without any marked benefit. The disease was complicated with a congested condition of the lungs, cough, shortness of breath, etc. I advised an expectorant for the cough, when troublesome, and ten drops of the fluid extract of eucalyptus globulus to be given once in four hours, with the recommendation that it be increased one drop daily until fifteen drops had been reached, and then to continue it at that.

I met her physician daily, and watched the patient closely. The fever gradually subsided, and at the end of one week it had entirely disappeared. The patient rapidly convalesced. The attending physician and myself agreed that the cure was chiefly to be attributed to the eucalyptus given. I have treated many cases of different forms of fever with this remedy with like results. With these remarks upon the comparatively new remedy in fever, and thanking you for your patience in listening to the contents of this paper, I will close.

A Foreign Body in the Air-Passages.—Dr. A. E. Benthall, in British Medical Journal, relates a case which is of interest from the length of time the body was retained.

The patient, a strong, healthy man, had been shooting with a blow-pipe and dart, and when he was about to blow the dart from the tube, coughed suddenly, and by the force of the inspiration the dart was drawn into the mouth. The patient thought he had swallowed it, but Dr. Benthall, from the history of the case, etc., concluded it was lodged in the right bronchus. The dart was made of a strong needle two inches in length, around the blunt end of which a quantity of worsted was wrapped, sufficient to fit the half-inch calibre of the blow-pipe tube. For two days slight pain in the region of the bronchus was experienced, and a little cough with expectoration streaked with blood.

The third day he had a violent fit of coughing with slight hæmoptysis. He remained very quiet for a fortnight, but upon resuming work had violent fits of coughing every three or four days with slight hæmoptysis and a taste of worsted in his mouth. This continued at intervals for eight months, when a violent fit of coughing brought up the thick end of the needle with some of the worsted still attached to the eye, together with a little blood. The piece of needle about an inch in length he extracted himself from the roof of his mouth. Six hours after a similar fit of coughing brought up the point of the needle. The needle had rusted completely through the middle.—*Chicago Med. Review.*

[In a case which fell into our hands last summer of a water-melon seed in the larynx of a child, a wheezing and difficult respiration continued for a period of five weeks, when in a violent fit of coughing it was ejected; and this will probably happen in a majority of cases wherein the foreign body is not too large to be tolerated. If the patient can breathe reasonably well the surgeon may often trust the case to nature, being ready, however, for prompt action in case of emergency.—ED. REC.]

Diagnosis of Consumption.—The following is the closing paragraph of a paper by Drs. Gradle and Woltmann on "The Diagnosis of Consumption by Means of the Microscope," read not long ago before the Chicago Medical Society, and giving a general review of the facts hitherto known, with the results of their own investigations—

The invariable conclusions from our own work, as well as that of other observers, are that every case of pulmonary tuberculosis can be diagnosed by means of microscopic examination of the sputum, even before the clinical examination reveals it with certainty; and that when repeated proper examination of the sputum fails to show the bacillus tuberculosis, pulmonary tuberculosis does not exist. To speak with certainty in any case requires, of course, that the observer should have familiarized himself with the methods and possess the proper appliances. Our success has been so invariable, that we feel confident enough to challenge the society to produce a case of tuberculosis in which we cannot demonstrate the bacilli.—*Pop. Sci. News.*

Fistula Ani.—Demure, in *Wien. Med. Woch.*, records the case of a child, eight days old, with a very long and deep fissure of the anus. It caused great pain, and bled freely each time the bowels were moved. The irritation from the fissure produced chorea. The sore was dried carefully and painted freely with a mixture of 1 part iodoform, 4 parts balsam of tolu, and 20 parts ether. The ether evaporates and leaves the tolu as an insoluble varnish containing the iodoform. Complete recovery took place in eleven days.—*Can. Jour. Med. Sc., Dec.*

Volta Prize.—This prize of \$10,000, instituted by a decree of June 11, 1882, will be awarded in 1887 for a discovery which will render electricity effective and economical, as a source of heat or light, or of chemical action, or mechanical power, or a means of transmitting dispatches, or treating invalids. Any one may compete up to June 30, 1887. The examining commission will be appointed by the French Minister of Public Instruction.—*Maryland Med. Jour.*

Quinine Amaurosis.—The characteristic features are: 1. Total blindness after taking a large quantity of quinine; 2. Pallor of the optic disks; 3. Marked diminution of the retinal blood-vessels, in number as well as in size; 4. Contraction of the field of vision. The total blindness is only temporary. Relapses appear to occur, and from comparatively insignificant doses. Horizontal position seems to be beneficial.—*Knapf, Archives of Ophthalmology; Maryland Med. Journal.*

Colic—Quinine.—Dr. Derby says, in the Record, that ten grains of quinine, given in the early stages, will prevent an attack of intestinal colic, or, administered at any stage, will speedily effect a cure.—*Can. Pract., Jan.*

SCIENTIFIC ITEMS.

The Afflictions of the Spectroscope.—A science, like a child, grows quickest in the first few years of its existence; and it is therefore not astonishing that, though twenty years only have elapsed since Spectrum Analysis first entered the world, we are able to speak to-day of a modern spectroscopy, with higher and more ambitious aims, striving to obtain results which shall surpass in importance any of those achieved by the old spectroscopy, to the astonishment of the scientific world.

A few years ago the spectroscope was a chemical instrument. It was the sole object of the spectroscopist, to find out the nature of a body by the examination of the light which that body sends out when it is hot. The interest which the new discovery created in scientific and unscientific circles was due to the apparent victory over space which is implied. No matter whether a body is placed in our laboratory or a thousand miles away—at the distance of the sun or of the farthest star—as long as it is luminous and sufficiently hot, it gives us a safe and certain indication of the elements it is composed of.

To-day, we are no longer satisfied to know the chemical nature of the sun and stars; we want to know their temperature, the pressure on their surface; we want to know whether they are moving away from us or toward us; and, still further, we want to find out, if possible, what changes in their physical and chemical properties the elements with which we are acquainted have undergone under the influence of the altered conditions which must exist in the celestial bodies. Every sun-spot, every solar prominence, is a study in which the unknown quantities include not only the physical conditions of the solar surface, but also the possibly changed properties, under these conditions, of our terrestrial elements. The spectroscope is rapidly becoming our thermometer and pressure gauge; it has become a physical instrument.

The application of the spectroscope to the investigation of the nature of celestial bodies has always had a great fascination to the scientific man as well as to the amateur; for in stars and nebulae one may hope to read the past and future of our own solar system. But it is not of this application that I wish to speak to-day.

As there is no other instrument which can touch the conditions of the most distant bodies of our universe, bodies so large that their size surpasses our imagination, so is there no other instrument which equals it in the information it can yield on the minute particles at the other end of the scale, particles which in their turn are so small that we can form no conception of their size or number. The range of the spectroscope includes both stars and atoms, and it is about these latter that I wish to speak.—DR. ARTHUR SCHUSTER, in *Popular Science Monthly*.

Transit of Venus.—We referred last month to the great astronomical event above named, and to its probable importance to the cause of science. We expressed our doubts about its ever benefitting the world commercially to the value of saving a single mariner's life, by adding to the accuracy of nautical investigations. In fact, the comparison of many different observations, at widely separate stations, have given very unsatisfactory results, making a difference of fully two minutes in the variation of the contact records when reduced to Washington time. This is a serious disappointment to science, to say the least, as it leaves more confusion than ever before as to the sun's actual distance from the earth. This, however, may possibly be partially, if not wholly, obviated by a comparison of the numerous photographs which were successfully taken at nearly all the stations where clear weather prevailed. Surely such exhibits, with the absolute time of their production, can scarcely fail to reconcile the unaccountable discrepancies in the contact records. But whatever the accuracy attained or attainable, we doubt if the result will ever justify the millions of dollars outlay to achieve it; especially while so many vastly more practical questions of science are ignored as not worthy of a thousandth part of the expenditure.—*Microcosm*.

A Man living at Bowling Green, Kentucky, who having attained the age of 29 years, and showing signs of dementation from a blow on the head in childhood, was placed under medical treatment, when by the trepanning process a depression in the skull was corrected and two pieces of bone were removed. As soon as the patient recovered from the effects of the chloroform which had been administered to him he was found to be perfectly rational, but his mind was utterly oblivious to every occurrence transpiring from the time he received the blow, though during the interval he had been married and had accumulated considerable property. The case is considered one of the most remarkable ever presented.—*Advocate*.

It is reported in the *Nature* that a discovery has been made near Andernach, on the Rhine. Remains of prehistoric animals have been found in a pumice-stone pit; and Prof. Schaaffhausen, of Bonn, has investigated the spot closely. A lava stream underlying the pumice-stone was laid bare, showing a width of only two metres. The crevices between the blocks of lava were filled with pumice-stone generally from the depth of one-half to one metre. Below this, however, there was pure loam and clay; and in this were found numerous animal bones, apparently broken by man, as well as many stone implements. It is supposed that there was a settlement there, of which the food remains fell into the crevices before the whole was covered with pumice-stone.—*Ibid*.

A Swede named Ditmer, has discovered and patented a process for solidifying kerosene. It is claimed that by it candles can be manufactured from kerosene so cheaply that the liquid article will be driven from our markets in Europe.—*Ibid*.

PRACTICAL NOTES AND FORMULÆ.

The Odor of Iodoform.—Having tried nearly all the devices that have been suggested for mitigating or disguising the odor of iodoform, and found them all of little or no avail, we have lately come nearer to the object by using oil of eucalyptus, according to the following formula :

R Pulv. iodoform..... ʒ ss,
 Ol. eucalypti..... f. ʒ ss,
 Vaseline..... ʒ iv,

M., fiat unguentum.

We do not remember to have seen any account of the oil having been used for this purpose by others. The ointment thus prepared is not without odor, but the odor is not that of iodoform.—*N. Y. Med. Jour. and Obst. Review.*

A Little Girl, ten years of age, was afflicted with tuberculosis of the lungs. She was pale, emaciated, and harassed by a cough. The physical signs were those of the second stage of the disease. Dr. Bruen prescribed :

R Olei morrhue..... fl. ʒ i,
 Syr. calcii lactophosphatis..... fl. ʒ ij
 Syr. ferri iodidi..... fl. ʒ j,
 Liquor calcis..... fl. ʒ ij.

M. Sig. A teaspoonful three times a day after meals.

As an embrocation, equal parts of cod-liver oil and soap liniment were ordered. The patient was to wear warm flannels and take outdoor exercise. For the cough :

R Acid. sulphuric dil..... m xvj,
 Tr. opii deodorat..... m viij,
 Syr. pruni virgin..... fl. ʒ j,
 Aquæ, q. s. ad..... fl. ʒ ij.

M. Sig. A teaspoonful or two every two or three hours.—*Ibid.*

Aphthous Sore Mouth in Infants.—Prof. Wallace, in College and Clinical Record, recommends the following :

R Sodii sulphitis..... gr. xxx,
 Glycerinæ..... }
 Aquæ..... } aa ʒ ss.

M. To be used on a swab every two hours.

Scrupulous cleanliness is required when a nursing bottle is used. The rubber nipple should be turned inside out after each using, washed clean, and kept in a solution of baking soda until again needed. It is better to have two nipples, and to use them alternately. Milk must not be allowed to stand in the bottle till it grows sour.—*Ame. Med. Jour.*

Hop Cordial.—The following is commended as a palatable preparation, not inferior to any of the vaunted "Hop Bitters :"

Hops	2 oz,
Dandelion.....	2 oz,
Gentian	2 oz,
Chamomiles.....	2 oz,
Stillingia	2 oz,
Orange peel.....	2 oz,
Alcohol.....	77 fluid oz,
Water.....	77 fluid oz,
Simple syrup.....	12 fluid oz.

Exhaust the drugs with the alcohol and water, and add the simple syrup.—*Pop. Sci. News.*

Remedy for Baldness.—The following formula is highly commended for baldness—

Tinct. capsici annui.....	3 i,
Glycerini.....	3 iij,
Ol. bergamot.....	3 i.

To be rubbed into the skin of the head.—*Ibid.*

Cracked Nipples.—

Bismuth sub nit.....	2 drachms,
Vaselini.....	1 ounce.

M. Sig. Apply to the nipple each time after the child has nursed, and cover with a soft cloth. The ointment should be washed off before applying the child again to the breast. This remedy may not be anything new to many of your readers, but it may help some who have never tried it. With me the results have been perfectly satisfactory.—*Peoria Med. Monthly.*

Case —. Male 48 years old; chronic gastritis with hyperæmia of liver and cirrhosis in first stage, with all the accompanying symptoms. Caused by alcoholism. Prescribed :

R Fl. ext. cascara sagrada.....	gtt. x,
Fl. ext. wood betony.....	gtt. xxv,
Tinc. card. co.....	} aa 3 ss.
Simple syrup.....	

M. Sig. Three times a day, before meals.

Patient entirely cured in two months.—*Thera. Gaz.*

Emmenagogue.—

R Fl. ext. ergot.....	} aa 3j.
Fl. ext. gossypii.....	
Fl. ext. black cohosh.....	

M. Sig. Half a teaspoonful every three hours, and using hot fomentations of hops on the bowels.—*Ibid.*

To Kill Rats and Mice.—A French writer gives the following recipes for this purpose, which he has tested and found good:

(1.) 120 grams (say 12 parts by weight) of crumbs of bread, 60 grams (6 parts) of butter, 50 grams (3 parts) crystalized nitrate of mercury, all well mixed together in an impalpable paste; lay some of the mixture on pieces of glass in the house where the mice are.

(2.) 250 grams (5 parts) quicklime (not slaked) in powder, 50 grams (1 part) sugar in powder, 150 grams (3 parts) flour of any kind (oat, wheat or rye); mix well together, put some of the mixture on a little plate, and place near it a second plate with water. Mice, after eating some of the mixture feel thirsty and drink the water. The lime, being quick, gets slaked in their stomachs, and kills them in a few minutes.—*Ex.*

Expectorant Mixtures in Bronchitis.—

R Carb. of ammon 3 i,
 Fl. ext. of squills..... } aa 3 ij,
 Fl. ext. of senega..... }
 Paregoric..... 3 iss,
 Water..... 3 i,
 Syr. of tolu... .. 3 v.

M. Dose from three to four teaspoonfuls as may be required.

R Iodide of potassium..... 3 iiss,
 Syrup of tolu..... } aa 3 ii,
 Glycerine..... }
 Sulph. morphia..... gr. ij.

M. Dose, a tablespoonful once in four or six hours.—*Mich. Med. News.*

Laxative for Gouty and Rheumatic Subjects:

R Pulv. rhei..... } aa gr. xx,
 Sodæ bicarbonat..... }
 Infus. rhei 3 i.

Make a draught to be taken early in the morning with two or three tablespoonfuls of water twice or thrice a week.—*Ibid.*

A Specific for Singultus.—This very common affection, of infants and children especially, has a specific remedy, at least one which I have never known to fail. Moisten granulated sugar with good cider-vinegar; give to an infant from a few grains to a teaspoonful. The effect is almost instantaneous, and the dose seldom needs to be repeated. I have used it for all ages, from infants a few months old, to those on the down-hill side of life. Try it.—*Henry Tucker, M. D., Brattleboro, Vt.*

Nothing is better for whitening garments, particularly those that have become yellow from being laid aside for several months, than a teaspoonful of borax dissolved in the rinsing water.—*Ex.*



EDITORIALS AND MISCELLANEOUS.

EDITORIAL NOTICES.

ANGLO-SWISS MILK FOOD.—See the new advertisement of this excellent food preparation, commencing with this number of our Journal.

SOUTHERN MEDICAL COLLEGE, ATLANTA.—See the advertisement of this new and rapidly rising school, commencing with this number of our Journal.

BEEF PEPTONOLIDS.—We received, through the courtesy of Messrs. Reed & Carnrick, a sample of Beef Peptonoids for trial. We find it a very convenient and excellent preparation. See the advertisement of this article in this Journal.

COLLEGE ADVERTISEMENT.—See the advertisement of the University of Pennsylvania Medical Department, commencing with this issue of our Journal, an old and deservedly popular Institution.

AMERICAN MEDICAL ASSOCIATION.—A letter, from an esteemed correspondent giving a sketch of the late meeting of the American Medical Association, at Cleveland, Ohio, was received too late for insertion in this issue of our Journal. It will appear in our next.

GOOD LOCATION FOR A PHYSICIAN.—A practitioner residing in Southeastern Georgia, offers to sell his home, resigning a fine field of practice to the purchaser. His location is an excellent one, and his patrons good pay. See his card under the Special Notice head.

AHL'S SPLINTS.—A full set of these Splints, sold at \$30 by the proprietors, may be bought at \$25 of A. L. Harnstein, Surgical Instrument dealer, Atlanta, Georgia. With these Splints on hand the physician is ready at a moment's notice to dress any sort of fracture. The Splints are new, and have not been used. He has also an Obstetric Case of Instruments (second hand but not injured) which can be bought at low figures, (\$10).

WYETH'S TABLETS.—We have received, through the courtesy of John Wyeth & Brothers, Philadelphia, beautiful samples of their superb preparations. Among them a specimen of their soda tablets, the neatest we have seen. We no longer fear that troublesome affliction of sedentary life, the heartburn, as we have only to swallow one of Wyeth's soda tablets and it is instantly cured.

OFF FOR THE SPRINGS.—Our Senior editor, Prof. Thos. S. Powell, has decided to take a temporary refuge from the arduous duties of the regular practice by visiting the Blue Ridge Springs of Virginia, and spending the months of July and August, and yet, as he has consented to act as resident physician of this great health resort, he may not find the full measure of rest that he anticipates. Almost any change, however, must prove pleasant to the care-worn physician who escapes, even for a brief period, from the responsible and incessant labors of an extensive practice. W.

SOUTHERN WORLD.—This is an Agricultural Paper, published in Atlanta, and extensively circulated in the Southern States. For the compliment voluntarily paid our Journal and its managing editor in a late issue of *The World* we return our sincere thanks. The *Southern World* is an ably conducted and deservedly popular paper, neatly gotten out and beautifully illustrated. Dr. B. M. Woolley, proprietor; W. P. Woolley, manager, and W. G. Whidby, editor—all intelligent, enterprising and clever gentlemen.

MEDICAL JOURNALISM AS A TEACHER.

The responsibility resting upon the teacher of any Science is so great, and the possible scope of his influence so boundless, the very greatness of the work makes it approach to the sublime. In this age of unprecedented progression and swift development of resources in so many of the arts that promise beneficence to the human race, no one can afford to be a laggard in the advanced movements of the period.

Especially should the teacher be enthused and energized in the race for the most honorable position, and which is attained when he worthily wins the guerdon of humanity's gratitude and reverence.

It has been said by some writer that to no body of men does the progressionist, who believes in the continual development of his race, look with more hope than to the members of the medical profession, and that, taken as a whole, they lead the van in modern research—are foremost in accepting and frankly promulgating wider views in their profession, even though these views should operate for a season against their individual interest.

We of the profession must not disappoint this trustful attitude of the people towards us as teachers and ministers of medicine. We must indeed march to the vanguard of the times.

When we find "That a theory advanced by the apostles of medicine in the ages past, has fulfilled its purpose of nursing a germ of thought, we must drop the worn-out husks, and lay the foundation of higher achievements in medical science."

In doing this, the profession will not lose one jot nor tittle of its dignity and usefulness, but these will be enhanced by keeping pace with modern progression, and opening broader comprehensive fields for thought and action. We should endeavor to base our system upon a thorough knowledge, and the intelligent observance of nature's laws—upon a knowledge of man's organism, psychological as well as physical, and "the relation of his organism to his environment."

Progressive men of medicine are more closely observing the fact that disease is a disorder in the relation of the human organism to its surroundings, and that to restore harmony between these relations is the office of Medical Science.

A distinguished practitioner in England, in one of his lectures, speaks of the enlarged horizon of medical science in modern thought. He is fully armed with all information upon the subject, and observant of the fact that physicians are perceiving more clearly, day by day, a larger application of these principles of looking to the relations of man—as to what is around him in the fulfillment of the great purpose of preventing disease; and that it is in this direction the future of medicine lies clearly open—so to this end the progression must work.

The Congress of the United States has recognized this view in the organization of a National Board of Health. It is an appeal to medical science. It is an endorsement of its scientific status, of the wisdom and the power of the profession which we represent as members of its highest advisory bodies. Let us then, brethren, as journalists of American Medicine, resolve to do all in our power so as to satisfactorily respond to this appeal from the national halls of our great and glorious country.

We will keep this fact in view, that "Medicine will rise to the true heights of its great vocation when it watches over communities with able guardianship, and ministers to the race, as well as to the curing of disease in the individual man." In the possible attainments of Medical Science, "preventive medicine and measures must yet reach such a degree of perfection that the occurrence of epidemic diseases will be felt as a gross reproach to communities, and the physicians who preside over them."

This high attainment in Medical Science will naturally lead to the still higher and last step in its grand fulfillment of promise—that is, when it shall truly become a developer of the highest possibilities of the human race. It will then be a powerful moral agent, and "stand side by side with the minister of Christianity and the moral philosopher, and disclose and modify the deeper springs of human conduct, finding out the laws that have been at work in the origin and growth of good and evil," both of which have so great an influence upon the body, and the mental faculties of man, and whose study thus comes within the legitimate scope of Medical

Science. We shall then be able "to assist in carrying on the bettering process with more deliberate and intelligent methods and conscious purpose." But how shall medicine attain this fullness of measure?

Its teachers must labor for that end, each in his especial field of work. In no other way can it be acquired. We must be devoted to its pursuit, and patiently, with intelligent perseverance, search out and investigate every theory and truth of Medical Science as evolved by modern thought, then subject them to thorough analysis, and adapt them to intelligent practice.

The results of our action should then be given to the medical world through the pages of our professional literature.

The time is already almost at hand when a thinking and informed public will have no more uneducated manufactured quacks. They will demand that the physician shall be truly educated in head and heart, and we, as instructors in schools of medicine, or as mentors in medical literature, must teach the student and the practitioner of medicine, that "no course of instruction, no preparation for the stupendous work of his life can be too thorough."

Happily in this age of revolution in arts, literature, etc., Medical Science has caught the spirit of the times. It has made more intelligent progress in its many branches for the last twenty-five years, than in all the centuries before. This advancement is largely due to our professional journalism.

The circulation of medical literature throughout the civilized world has incited members of the profession to more deliberate study and higher aspirations in their field of labor.

It is very obvious that the theories and facts thus promulgated have awakened a train of more profound thought, and a more thorough investigation among medical men, and given them a thirst for still more knowledge of the great truths and principles of medicine. This we consider a most hopeful sign of what we believe will be future achievements in the profession, *en masse*, as well as in its distinguished leaders.

T. S. P.

[Concluded in our next number.]

BOOK NOTICES.

A TREATISE ON THERAPEUTICS, Comprising Materia Medica and Toxicology, with Especial reference to the Application of the Physiological action of Drugs to Clinical Medicine, by H. C. Wood, M. D., Professor of Materia Medica and Therapeutics, and Clinical Professor of Diseases of the Nervous System, in the University of Pennsylvania; Physician to the Philadelphia Hospital; Member of the National Academy of Science, etc. Fifth Edition, revised and enlarged. Philadelphia: J. B. Lippincott & Co., 1888.

This work contains 740 octavo pages and is ably written. The author states that as a teacher of Therapeutics, the work grew out of a need felt by himself, and his apology for addressing another Treatise to this department, and his reasoning upon the lessons to be derived from the experiments upon the lower animals as found in his preface, are very clear and satisfactory. The need, he remarks, is "for a book into which should be gathered the many scattered facts in regard to the physiological action of medicine—a book in which an attempt should be made to sift the true from the false, to reconcile seeming differences, to point out what we know and what we do not know; and, to give a platform from which investigators might start forward without the necessity of being, as is so often the case, ignorant of what was already achieved, or of spending a great deal of time in a wild hunt through the almost boundless, but often scattered and inaccessible ranges of Continental literature.

The fourth edition of the work was quickly exhausted, and now the fifth edition is presented, representing, it is believed, more thoroughly than ever before, the best therapeutic thoughts of the day.

THE MICROSCOPE AND ITS REVELATIONS. By William B. Carpenter, C. B., M. D., LL.D., F. R. S., F. G. S., F. L. S., Corresponding member of the Institute of France and of the American Philosophical Society, etc., etc. Sixth edition, illustrated by twenty-six plates and five hundred wood engravings. Vol. II. New York: William Wood & Co.

A work of 854 octavo pages, containing much matter of exceeding interest and novelty in reference to microscopic forms of animal life, embracing Foramenifera and Radiolara, Sponges and Zoophytes, Polyps and Tunicata, Molluscan animals, In-

sects and Arachinda. The microscope in Geological investigations, Crystallization, Polarization, etc. This is one of Wood's Library of Standard Medical Authors, and must prove very interesting and instructive to the Medical and especially to the Scientific reader.

THE PATHOLOGY AND TREATMENT OF DISEASES OF THE OVARIES, being the Hastings Essay for 1878. By Lawson Tait, F. R. C. S., Edin. and Eng., Surgeon to the Birmingham Hospital for Women, and Consulting Surgeon to the West Broomwich Hospital. Fellow of the Royal Medico-Chirurgical Society; member of the Surgical Society of Ireland, and of the Medico-Chirurgical Society of Edinburgh, Etc., Etc. Fourth edition, re-written and greatly enlarged. New York: William Wood & Co., 56 LaFayette Place, 1883.

The work is practical in character, giving the anatomy and physiology of the Ovaries and the various diseases pertaining thereto. Ovariectomy, with the recent extensions of abdominal and pelvic surgery. It is exceedingly interesting and instructive in the department of which it treats. Illustrated. Neatly printed. Cloth, 367 octavo pages.

TRANSACTIONS OF THE MEDICAL SOCIETY OF THE STATE OF GEORGIA, for the thirty-third Annual Session, held in Atlanta, April 16th, 1882.

The book is neatly gotten up in cloth, and numbers 226 octavo pages. While the work contains a number of interesting papers, it is yet a small volume of Transactions for the Empire State of the South. The Secretary's Report details no small amount of labor and trouble on his part, to get out the book, as the assessments against the members are but partially paid and the cost of printing very considerable. The interest in the Society does not seem sufficient to bring out a full attendance of its membership. It is hoped that the next meeting, which is appointed for Macon, Georgia, on the first Wednesday in April, 1884, will be more largely attended, and that measures will be devised to bring about an increased interest in the Association.

INTERNATIONAL ENCYCLOPEDIA OF SURGERY, A Systematic Treatise on the Theory and Practice of Surgery, by authors of various nations. Edited by John Ashhurst, Jr., M. D., Prof. of Clinical Surgery in the University of Pennsylvania. Illustrated with chromo-lithographs and wood cuts—in six volumes. Vol. III. New York: Wm. Wood & Co., 1883.

The above is volume third of this great work now in process of preparation. It resumes the consideration of Injuries and Surgical diseases of the vascular system.

Among the names of the contributors to the work we note Edmond Andrews, Richard Barwell, Edward Bellamy, P. S. Connor, John A. Liddell, M. Nicaise, John A. Wyeth. Touching reference is made by the author to the death of Prof. W. H. Van Buren, of New York, who was one of the collaborators. As evidence of the high value placed upon the work it may be stated that the first two volumes have been translated into both the French and Italian languages. We have not space to detail the excellencies of the work. Let it suffice to say in general terms that the present volume is fully up to those previously published, and is in all respects an excellent work. The articles of which it treats being considered in an able and exhaustive manner.

GOUT IN ITS PROTEAN ASPECTS. By J. Milner Fothergill, M. D., member of the Royal College of Physicians of London; Physician to the City of London Hospital for Diseases of the Chest; Associate Fellow of the College of Physicians of Philadelphia. Detroit, Michigan: Geo. S. Davis, publisher, 1883; 300 pages.

This work we regard as eminently practical and much needed. In this country most affections of a gouty character are classed as rheumatic, and the majority of practitioners make no distinction, and pay little regard to the physiological causes of the various rheumatic and gouty affections which prevail. Few practitioners, we opine, can read this book without learning something at once instructive, practical and important.

THE DISEASES OF WOMEN, A MANUAL FOR PHYSICIANS AND STUDENTS. By Heinrich Fritsch, M. D., Professor of Gynecology and Obstetrics at the University of Halle. Translated by Isidor Hurst, with 150 wood engravings. New York: Wm. Wood & Co., 1883.

This is an interesting and valuable work of 355 octavo pages, in which we have the department of Gynecology considered under the following general heads: Anatomy and Physiology of the Genital Organs; General Diagnosis; Antiseptics; General Therapeutics; Diseases of the Vulva and Vagina; Diseases of the Bladder and Urethra; Uterine Malformations, etc.; Inflammation of the Uterus, Metritis, etc.; Diseases of Endometrium; Dislocations of Uterus; New Formations; Diseases of the Pelvic Connective Tissue, etc.; Diseases of the Ovaries; Hysteria.

RECEIPTED.

1882.—Drs. T W Spruell, James Tatum, Elias Goddard, T J Small, E Y Larkin, Samuel T Jones, Robert Shaffin, Tho R Littleton.

1888.—Drs. B M Woolley, W Delbridge, J A Agnew, W P Anderson, J L Hamilton, M D Miles, C M Bold, F P H Akers, T Swanton.

SPECIAL NOTICES.

Surgical Instruments.—A branch house of the New York establishment of A. L. HERNSTEIN, has been established in Atlanta, and will constitute a convenient depot whereat anything in the Surgical line can be bought or manufactured. The Profession throughout the South should note this as an important indication of Southern progress, and should show their appreciation of the same by giving this establishment their encouragement and patronage.

McKESSON & ROBBINS.—This great Drug Establishment of New York, has a wide and long established reputation as reliable and eminently successful business men. Their various preparations are of acknowledged excellence and purity, and are unexcelled for the neatness, taste and beauty with which they are presented to the trade. See their advertisement opposite 1st page of reading matter in this Journal.

More of **ELLIOTT'S SADDLE BAGS** are sold than all other patterns combined. One thousand have been shipped to different parts of the country since January 1st. The proprietor invites a thorough investigation and comparison of every Bag in the market. The U. S. Government did this in 1879, and adopted the ELLIOTT. Doctors that do the same thing get the standard article. Send for circular to
A. A. MELLIER, 709 Washington Avenue, St. Louis, Mo.

Rare Chance for a Doctor.—A practice worth \$2,500, with large, comfortable house and office, barn, stables, etc., with fifty acres of land; no physician within nine miles; people hospitable and good pay. Price, \$1,500. Apply to

DR. R. C. WORD,

Editor Southern Medical Record.

PEARL, DAVIS & CO.—This magnificent Drug establishment, located at Detroit, Mich., have, by unremitting perseverance and faithfulness in all their business interests, obtained the confidence and good will of the medical profession throughout the entire country. They have accomplished much for the progress of Medical Science and largely benefitted mankind by the introduction of new and important Drugs. They are entitled to the thanks of the Profession, and justly deserve the high reputation to which they have attained.

Wm. R. Warner & Co.—This splendid Drug House, so widely and favorably known, both to the home and foreign trade, continue to maintain their high position. Their preparations are regarded by the profession everywhere as unsurpassed for purity and elegance. In respect to their quinine pills, so deservedly popular, the following certificate has been published:

PHILADELPHIA, PENN., December 22, 1882.

An analysis of seven samples of Quinine Pills, obtained without knowledge of the manufacturers, was made and published in the American Journal of Pharmacy by me, and those made by William R. Warner & Co., were found to be correct as to quantity and purity of Quinine.

HENRY TRIMBLE, *Analytical Chemist.*

IODIA—Prepared by Battle & Co., Chemists, St. Louis.

DR. L. H. LADLEY, Prof. of Gynecology, St. Louis College of Physicians and Surgeons, says: "After several month's trial of IODIA, both in private and hospital practice, I find as an alternative it has no superior in the Materia Medica."

Bromidia also is a splendid anodyne. See advertisement in this Journal.

Purchasing Agency.—We have established a Purchasing Agency in connection with the RECORD office, by which parties desiring goods of any kind may order through us what they want, which they can obtain at lowest rates and save the expense of a trip to the city. Strict attention to the interest of the purchaser will be observed in the selection of articles. Subscribers to this Journal will be charged no commission for purchases made through this Agency. Cash should accompany every order. Address,

Dr. R. C. WORD, Managing Editor, Atlanta.

T H E

Southern Medical Record:

EDITORS:

T. S. POWELL, M.D. W. T. GOLDSMITH, M.D. R. C. WORD, M.D.

R. C. WORD, M.D., Managing Editor.

~~All~~ All Communications and Letters on Business connected with the RECORD must be addressed to the Managing Editor.

VOL. XIII. ATLANTA, GA., JULY 20, 1883. No. 7.

ORIGINAL AND SELECTED ARTICLES.

AMERICAN MEDICAL ASSOCIATION.

EDITORS RECORD:

Being present at the meeting of the American Medical Association, at Cleveland, I thought I would send you a condensed report of its proceedings, etc.

The Association convened on Tuesday morning, June 5th, with president John L. Atlee, M. D., in the chair. We were very eloquently welcomed to the hospitality of the Forest City, by General Myer.

The president's address laid no special claims to oratory, but in a very plain and succinct manner recited many incidents and peculiarities in the lives of the leading great doctors of his student days, and early life as a practitioner. He spoke of Physick, Pancoast, Wistar, Horner, Hodge, Dorsey, Coxe, Chapman, Dewees and others whose names are household words with the profession. The remembrance of these men seemed to impress the speaker very pleasantly, and conveyed to the minds of the audience the fact that it was of life-long affectionate regard. The address, as a whole, was regarded not only as creditable to the author, but as of great interest.

After the transaction of some miscellaneous business, and the appointment by the various State delegations of a nominating committee, the Association adjourned to meet in sections in the afternoon.

In the section on Practical Medicine, etc., Dr. Hollister, of Illinois, being chairman, Dr. Meller, of Chicago, read a paper by Dr. Munay, of the Marine Hospital service, on Yellow Fever. The paper, in reference to treatment, advised immediate taking to bed, the administration of warm foot baths, and suggests that if hemorrhage in the stomach took place and should not be vomited, it should be eliminated by the bowels. It laid emphatic stress on the necessity of absolute quietude of both body and mind. The symptoms should be treated with the usual remedies, but great caution must be observed to avoid producing nausea.

Prof. Campbell, of your State, in discussing the paper, remarked that bleeding in some cases was beneficial, and cited examples; also advised free vomiting with hot water. Several other gentlemen of note participated in the discussion.

Dr. Wm. Morrow Beach, of Ohio, read a paper on Milk Sickness. Some discussion ensued, when the section was adjourned till next day.

In the section on Obstetrics, etc., was read a paper by Dr. Byford, of Illinois, on "Chronic Intero-pelvic Inflammation." The Doctor endeavored to show that para and peri metritis does not constitute the entire character of inflammations of the pelvis; and spoke extenso of the necessity of being very careful in the examination of the pelvic organs when inflamed, and when much tenderness existed advised the use of anæsthetics. He laid down several precautionary rules by which we should be governed in such examinations and operations.

The next paper was on "Post-Partum Polypoid Tumors," by Dr. Landis, of Ohio. He spoke of four forms of this disease, and described two cases in detail.

The third paper was on "The Restoration of the Perineum, by a New Method," by Dr. Marcy, of Massachusetts. He uses in his method of restoration German silver wire, which is electric, and on this account, in his estimation, preferable to other sutures.

The next paper was on "Enterotomy as a Complication in Ovariectomy or Oophorectomy," by Dr. Sutton, of Pittsburg. He related two cases of removal of several inches of small intestine—one by Prof. Billroth, and the other by himself. Both cases recovered. His case was a lady, from whom he removed four inches of intestine a few months ago, and was the first successful operation of the kind performed in this country.

In the section on State Medicine, Dr. Gihon read quite a lengthy paper, in which he depicted great deficiencies in the education of many of our professional brethren. He illustrated his position by

citing many instances of ignorance, both in medical knowledge and primary education, some of which were quite amusing as well as mortifying to our feelings; especially the latter, when we think of their being graduates of our most ancient and renowned institutions. The doctor became familiar with this fearful amount of ignorance while he was a member of the Examining Board of the United States Navy. He gave in detail the answers of some twenty-five applicants for surgeonships in the navy, most of whom were graduates of the oldest and considered the best medical schools in the country. I will only give you a few samples of the learned answers of these M. D. applicants: One said pneumothorax meant a collection of pus in the chest; another, that the boiling point of Fahrenheit was 300°; that centigrade not as high, and Reaumer higher, and could not tell what the zero of Fahrenheit was without having the others to compare by; and that the normal temperature of the body was 112° to 140°. A third could not recollect the country nor language of Hyppocrates, but that Galen lived before him, and that Virgil died in the 15th century. A graduate from this same school, during his attendance to be examined, was taken sick, and on his return excused his absence by saying he had been sick with "*cholera infantum*." Another graduate from a New England School said "the crepitan rhoncus occurs whenever a membrane becomes dry; that Plymouth was settled by Columbus, who gave the town its name; and that each State and Territory has one Senator. Another graduate of a celebrated New York school, said that Galen introduced vaccination, or inoculation in the 17th century. Another New York M. D. regarded bronchotomy as a practical operation, and described it.

The doctor also gave us some samples of orthography gathered from the manuscripts of some of the candidates for examination. He stated that not more than 32 per cent. of those who applied for service in the navy passed examination, although the most of them came highly recommended, both as it regarded their medical acquirements and social standing.

Dr. Gihon seemed to think that the onus of the charge of ignorance and incapacity, to a great extent, depended on the want of action on the part of the American Medical Association, and suggested that it was time that this body was taking steps to correct such a lamentable condition of things. He seemed to entertain the opinion that we might as well fellowship the homeopath, as some of our own brethren who are so benightedly ignorant. He calls loudly on the Association to use its great influence to elevate, not only the standard of graduation, but also that of collegiate ac-

quirements. With these ends in view he introduced some resolutions in the section on State Medicine, which were discussed by several gentlemen.

The section on Surgery, etc., was well attended, with Dr. Peck, of Iowa, in the chair.

Dr. Vance, of Ohio, read the first paper, entitled, "Radical Cure of Hernia, by a New Method." He had performed this operation nineteen times with satisfactory results. His plan applies to oblique inguinal hernia. His plan is to revivify and bring together the lips of the opening by means of a deep-seated suture passed subcutaneously with a semi-circular needle. By this means the previous wide open hernial canal becomes a closed valve, which resists the reprotrusion of the abdominal viscera. The paper was well received.

Dr. Allen, of Cleveland, read a paper entitled, "Comparison of Antiseptic and non-Antiseptic Methods of Treatment." The conclusions of the doctor were that antiseptics were least useful in abdominal surgery; that the spray is the least important of all the details in antiseptics; that it might be most beneficial in the opening of joints, especially in hospitals; that, although danger may result from poisonous effects, yet these dangers are diminishing from a better knowledge of their use. The doctor summed up by saying that he believed the use of antiseptics in surgery afforded better results than any method at present in use.

Dr. Martin, of Massachusetts, seemed to think that Listerism would soon be a thing of the past, which was firmly denied by Dr. Nankin, of Pennsylvania. The paper provoked much discussion.

The next paper was read by the venerable Dr. Gross, on "The Value of Early and Late Operations in Morbid Growths, Especially Malignant." The doctor looks to be in excellent health, and was greeted with loud applause. The paper, of course, was very able, and portrayed the great advantages of early operations in all morbid growths, and especially those of a malignant character. His reasons for early operations were thus stated: "The less risk of shock and of hemorrhage; the more effectual riddance of diseased structure; the diminished probability of septicemia or blood poisoning; the avoidance of unsightly sores; and the less risk of a recurrence of the morbid action, either at the seat of the operation or in other parts of the body." Of course the paper was well received, and the principles it taught regarded as a law unto us all.

Dr. Henry Martin, of Massachusetts, followed in a paper on the

"Treatment of Synovial Diseases by a New Method," in which he advocated the drawing off of the fluid by aspiration and the application of the rubber bandage. He had treated a great number of cases successfully by this method.

Dr. Holt, of Massachusetts, and Dr. Neuman, of New York, also read papers, both of interest to the profession.

In the section on Diseases of Children, Dr. Earle, of Chicago, read a paper on "Cephalæmatoma in the Newborn." This is regarded as quite a rare disease. It consists of a painless, elastic, soft, fluctuating tumor, situated on one of the parietal bones. The doctor had seen four cases in a long practice. He thought, as a rule, it required but little treatment. There were other papers for this meeting, but their authors not having arrived their reading was postponed.

In the section on Dental and Oral Surgery, Dr. Marshall, of Chicago, read a paper on "Denudation or Erosion of the Teeth." The doctor described this disease as beginning with the enamel, and gradually involving the subjacent dentine, without any of the appearances or characteristics of caries. It consists of a general wasting of the enamel and dentine. The paper was regarded as quite able, and was discussed by several gentlemen. About the close of this session of the section, three gentlemen entered the room and objected to Dr. Goodwillie presiding as chairman of the section. The doctor said he was not acquainted with the gentlemen, and did not know whether they were entitled to speak. The gentlemen were Drs. Noyes, Nichol and Hinton, of New York. They contended that Dr. G. registered under protest of the judicial council. It is said he favors consultation with the homeopaths. Whether this charge is true or not the doctor resigned his office as chairman, when Dr. Williams was elected.

Several papers were read before the section on Ophthalmology, etc. Dr. Turnbull, of Pennsylvania, read "Paralysis of the Facial Nerve in connection with Diseases of the Ear." Dr. Harper, of Illinois, "Hysterical Amblyopia." Dr. Jarvis, of New York, "Tonsilotomy by Ecrasement." Dr. Carl Seiler, of Pennsylvania, "Nitrate of Silver on the Mucous Membrane of the Throat." Also several other papers of interest by other gentlemen, were read.

When I sat down to give you a short account of the transactions of the Association, I thought I would mention most of the papers read as well as a synopsis of the business matters, but I find it would make an article entirely too lengthy for your Journal, and therefore will only allude to what took place after the first day.

It was resolved by the Association to publish a weekly journal instead of the annual volume of transactions. It strikes us that this will be a much more eligible form of placing the valuable papers before the professional world than in a single volume published nearly a year after each meeting. Dr. N. S. Davis, of Chicago, was unanimously elected editor-in-chief, and the Journal will be published at Chicago. Each member is entitled to a copy by paying his annual dues; and every doctor outside of the Association can obtain a copy for five dollars a year. It will be about the size of the Philadelphia Medical News.

The reports of the chairmen of the various sections were generally very able, and some of them not only able but quite eloquent—notably, that of Dr. Hollister, of the practice of medicine. I will not have space in this letter even to name the papers read on the 2d, 3d and 4th days of the meeting, but suffice it to say that they were admitted to be able; and take the proceedings altogether, will compare in interest and ability to any for several years.

There were nearly 1,100 members registered, besides many visitors. The next meeting will be at Washington City.

Dr. Austin Flint, Sr., was elected president. This compliment to the doctor was considered by the Association as due him on account of the great eminence he has attained in the profession as a writer and hard worker generally; and like the late president, Atlee, is advancing in years.

I have no doubt but that the next president will be from the South, and am inclined to think it will be Prof. Campbell of your State. He stands high as an able and efficient member of the Association.

Upon the whole, we had quite a pleasant, interesting and able meeting, and one, I hope, that will prove beneficial to our guild.

With much respect, etc.,

T. B. GREENLEY, M. D.

Orel, Arkansas.

THE OPIUM HABIT.

A Narrative of Personal Experience,

BY W. D. WILHITE, M. D.

While I regard opium and its salts as at the very head of the list of remedies in the practice of medicine, I at the same time regard it very injurious if the use of it is continued for too long a time.

The opium habit, when once contracted, is more injurious and

harder to get rid of than the profession generally realize. I must confess I was very much astonished in talking with physicians to find that they generally knew so little of the magnitude and power of the habit of opium-eating. The great number of opium-eaters is surprising to any one who has not investigated the subject.

I have chosen this subject simply because it is one that deeply concerns the human family, there being so many addicted to the habit. I have seen nothing written on the subject, either in books or medical journals. Our authors, so far as I have examined, are perfectly dumb on the habit and treatment of opium-eating.

I was led to investigate this subject under the peculiar circumstances of being a slave to the habit myself. In the year 1870 I had a severe attack of rheumatism. Was confined to my room four months. I suffered intensely, and to relieve that suffering I used morphia, the great panacea for pain. I thus contracted, unconsciously, the abominable habit.

When I got able to leave my room I thought I was cured. I found I could have no rest when I left off taking the morphia. In the course of time my rheumatism developed into neuralgia, or what I thought was neuralgia, but am satisfied now it was the effect of morphia. So, acting on my judgment at the time, I continued the morphia in larger doses, which would lull me some, but not relieve the pain. I never suffered myself to use morphia to that inordinate extent that I have known some to use it. Therefore it did not supply the demands of the system. I had to resort to something else. I took, in connection with the morphia, Gross' neuralgia pills. I continued in this condition for some time, getting no better, in fact, worse. I concluded to try Brown-Sequard's neuralgia pills with morphia. All the while my system demanding more of the opium. Not willing to increase the dose, I thus kept myself in that condition, suffering all the while, as I thought, from neuralgia. Sometimes I would call it periostitis, so painful would be the part affected, especially on pressure.

I knew the morphia was injuring me. My secretions were all checked, bowels constipated, no appetite, at times my memory was defective, my mind vascillating, no decision of character, in fact, I had no energy. In a semi-comatose condition, only when I was under the exhilarating effect of the morphia, which would only last two or three hours, when the effect would die out partly, leaving me in great pain, which I would bear until my regular time for taking a dose, which was morning and night. I would watch the time with eager anxiety for the hour to come, so distressing was my condition. A physician who makes treating the opium habit a specialty, and has treated more than a thousand patients, told me I had fought it more manfully than any patient he ever saw.

I lost the power of my muscles, so much so I could not put my foot into my stirrup and mount the smallest pony. I had to drag myself into my buggy with my hands, having so little strength in my legs. My muscular system seemed to be flabby—want of tone and power; my heart would flutter and palpitate upon the least

exertion or excitement, I think for the want of tone of the walls of the heart, as I do not have those symptoms now.

I have now told you some of the effects of the opium habit on myself. I will now try to tell what I call the indescribable part, in the language of a medical brother, I will call it the "indescribable wretchedness" of feeling produced by leaving off the morphia. I will here say that no one who has thoroughly contracted the habit can be cured if he at the same time attempts to carry on any business. He must leave off everything and give himself entirely to treatment. I made several efforts to leave off suddenly, although I had not been as great a slave to morphia as a patient I once saw who took thirty grains night and morning, yet I found it impossible to leave off suddenly, although I had never taken over two grains at a dose. I well remember, on one occasion, I resolved to quit off at once. I knew the terrible scenes and suffering I would have to undergo, so I fortified myself with a pint of the best whisky. The hour came to take the accustomed dose, and with it the indescribable wretchedness alluded to. But I began on the whisky as an antidote. I drank the pint in less than three hours without any effect. I walked the floor all night long. I was like a wild man. My limbs felt as if they would weigh a ton. My wife, knowing the trouble, advised me to take a small dose of morphia. I did so. It relieved me. Such sweet peace and repose I never shall forget. I then tried the gradual reduction plan, but trying to keep up my business and practice at the same time, I failed. The fact was, I did not realize the magnitude and power of the enemy I had to fight. Failing in all my efforts to get rid of the pernicious habit, I resolved to leave home and business and put myself under treatment at the St. Louis Sanitarium. I remained there some time. The treatment was a gradual withdrawal of the opium, quietude, and good nourishing diet. I will here say, that the only remedy for the opium habit is opium. One great trouble with me in trying to cure myself, I tried to reduce too rapidly. It has to be slow to give the system time to recuperate. As the system rallies, in the same proportion can the opium be reduced. In my case the opium was withdrawn too rapidly at first, my system became prostrated to some extent so that I had to reduce the opiate as I could bear it.

In about three months I was cured, or could go without the opium. The last fourth of a grain was more trouble to get rid of than all the rest. No one that has had no experience in the opium habit can conceive of the magnitude and power of its effects.

The cause of the failure of treating opium-eaters after the old plan is plain to my mind. The absurd idea of confining a patient in a cell and withholding the opium to substitute something else is perfectly barbarous. This plan of treatment, I am sorry to say, has been adopted by some hospitals. The result was, the patient became crazed, had to be confined in a strait-jacket, relaxation, prostration and diarrhœa set in and a horrible death was the termination.

Gentlemen, in conclusion, I will say, the treatment of the opium habit is that of *similia similibus curantur*.—*St. Louis Clin. Rec.*

ON THE IMPORTANCE OF RECOGNIZING THE CONDITIONS KNOWN AS STHENIC AND ASTHENIC, IN DIFFERENTIATING THE CAUCASIAN AND AFRICAN RACES ;
AND IN DISEASES GENERALLY.

BY HARVEY L. BYRD, M.D., BALTIMORE.

There are two good old words with explicit signification, which were much and properly used for the most part by our grandfathers in the profession, that seem to have lost their value in a great measure in the estimation of some of our modern teachers and writers upon medical subjects, which might be profitably restored to their former prominence and importance in our professional literature of the present day. Should this brief communication, therefore, produce no other beneficial result than that of recalling attention to their significance and their peculiar fitness to occupy an enduring place in our nomenclature, and thus to keep the two widely separated and almost diametrically opposite states or conditions of the human organism in health and in disease, always prominently and perspicuously before the medical mind, a most important step will have been taken toward wiping away some of the flimsy drapery with which certain morbid conditions have been sought to be clothed by a few modern writers, and many of the hair-breadth distinctions between diseases, attempted to be made by others, bridged over or annihilated altogether. The import of the good old Greek, *sthenos* and *asthenos*, stand out in bold relief before the mind of the medical philosopher, of much practical experience in the profession, whenever he is called to the bedside of disease. And like the Pillars of Hercules, they must ever mark the entrance into the great sea of successful professional practice, where their significance is obeyed as it should be. It is not, therefore, claiming too much for those words to add, that a correct knowledge of the conditions which they represent, establishes the only true basis or foundation, upon which an accurate diagnosis can be formed, and consequently a correct therapeutics instituted in the treatment of diseases.

The value and importance, then, for the revival and a more general use of those terms in our discussions and treatment of the thousand ills to which flesh is heir, must be obvious to the intelligent mind upon a moment's consideration ; particularly as they may be readily observed as intimately associated with the action of morbid agents in the development of disease, and sometimes, if not frequently, important factors as predisposing, and, possibly, even the existing cause of certain diseases in either race, and among many conditions of mankind. But there is absolute necessity for the use of these words, if we would appreciate at their proper value certain normal or natural states and conditions as we

find them existing in the *primordial* types of the genus homo. And long experience has satisfied my mind completely that professional success of a high order is unattainable where the Caucasian and African races are contemporaneously attended either in hospital or private practice, without heeding the natural tendency of disease to a sthenic state in the white and an asthenic condition in the negro race. This state of things is conspicuously marked in endemic and epidemic visitations, when the two races are under the action of the same morbid agent or influence for a certain space of time. The natural and radically distinct differences and peculiarities, anatomical and physiological, which exist between the negro and the white man, have been already sufficiently referred to in a previous article in this journal, when speaking of the primordial races of man; and hence it will only be necessary to say a few words, a little further on in this paper, on the effect of *materies morbi*, and the action of therapeutic agents upon the respective races to render the entire matter clearly intelligible to the reader.

As both the white man and negro are exotic, and have resided contemporaneously in this country for a sufficiently long period of time under the same and similar climatic, hygienic and physical surroundings to be equally well known, they are, therefore, in a suitable condition to be studied in regard to their predisposition to, and their ability to withstand, the influence of morbid agents, when acting as chief factors in the development of endemic and epidemic diseases.

Whilst presenting some leading facts in support of the foregoing premises, I shall take occasion to introduce the action of therapeutic agents, as being fully in harmony with the laws which establish and control diversity in the races to which they apply; and thus develop the utility, not to say imperative necessity, for carefully regarding the sthenic and asthenic conditions as factors of the highest value in the diseases to which the races are liable. And, therefore, the absolute demand for a modification of treatment in the Caucasian and African races when suffering from the same disease.

To what has been said already of the status of the two races must now be added the distinctions of age and sex, in order that the parallelism may be rendered as complete as possible, and thus the differentiations be perspicuously brought forth and made of practical advantage to the profession in a clearer presentation of the value of symptoms and signs at the bedside. As already intimated, the white and black races are not equally liable to impressions from morbid agents and influences.

Thus, to *Cholera*—For twenty or more years preceding the late civil war, cholera occurred from time to time, endemically, among the negroes on the rice plantations of South Carolina and Georgia, assuming even epidemic proportions as it extended to adjacent or contiguous plantations; and though the overseer and his subordinates and their families even, remained upon the plantations continuously during such visitations, they enjoyed almost complete immunity from the disease. The negroes all the while manifesting

the chain of phenomena so characteristic of Asiatic cholera in a malignant form.

Second.—YELLOW FEVER.—As that disease prevailed epidemically in the cities of the South, in ante-bellum times, the white or Caucasian race, was the material upon which it seemed pleased to feed; and the fairer the type, all other things being equal, the greater the fatality of the disease; while the African, or negro race, was nearly exempt from its ravages. In my own experience, in the treatment of hundreds of yellow fever patients, I never saw a case of black vomit in a negro.

Third.—MALARIA.—While he was liable to be attacked with remittent and intermittent fever, the negro was very far less exposed to the effects of malaria than the white man, under the same circumstances.

Fourth.—INFLAMMATORY DISEASES.—The negro suffered much less frequently from inflammation of the serous and fibrous tissues than the white race, and much less also from troubles of that kind in the mucous surfaces; and though attacked with pneumonia to a considerable extent, when it appeared to prevail epidemically in the South, he did not suffer in the same ratio with the white man, though far more exposed to inclement weather and atmospheric vicissitudes. The parallelism and differentiations of the disease to which the two races are exposed might be extended almost indefinitely; but it is thought that a sufficient number of facts have been adduced to satisfy the wishes of any who might be pursuing this branch of professional inquiry, and I will therefore hasten on, as fast as practicable, to the other salient points adverted to in the earlier portion of this paper.

Any, and as far as I know, every disease that affects the white and negro races, in common, assumes a lower grade of action much sooner, under the same circumstances, in the latter than in the former race, when that state is not conspicuously obvious *ab initio*.

Again, I feel quite sure that I can state, with great accuracy and propriety of language, that the converse of the foregoing observations is true of diseases generally in the white race—certainly so when contrasted with morbid conditions as found in the former race. Hence it would seem to be logically certain, that while a disease might exhibit a higher or lower grade of action, in either the Caucasian or the African, under certain circumstances, and at different times, the law of depending upon difference in race is, that the type of disease in the white race, is sthenic, and it is asthenic in the negro, under the same, or as nearly as possible the same, circumstances. These types will of course suffer modification or exaltation, and become more or less sthenic or asthenic, under different or varying influences; all of which are, however, too well known or easily recognized by the profession generally to require that more should be said in that connection. But these facts do not lessen the value of the preceding statements in any way, regarding the tendency of all diseases to assume a sthenic or an asthenic type, whether they occur in the white or negro races.

The constancy of the action of this law was strikingly exem-

plified in my experience in the South during the civil war, both in regard to the symptoms of disease and the treatment necessary for the two races, under as nearly the same circumstances as it is possible for them to appear. A proper appreciation of the foregoing facts is necessary in order that therapeutic applications may be judiciously and properly made in the treatment of diseases. In fact, it may be safely said that this most important consummation cannot be certainly reached in any other way. To illustrate its value, I will state a few facts that have been repeatedly observed in my professional experience. Thus, sedatives and depressants and antiphlogistics generally, whilst often called for in the treatment of acute and recent cases of disease, and manifest such prompt and decisive benefit when applied in the Caucasian, as a rule produce no good results in the negro, unless they should be used with great caution, and then suspended promptly upon the slightest evidence of depression taking place; and it may be safely said that such remedies are often productive of positive harm in his case. This fact is particularly and strikingly exemplified in the effects of bloodletting and in the action of *veratrum viride*—two of the most potent sedatives and at the same time valuable agents where their action is called for in the white race, are almost always attended with harm in the negro, and especially so when carried to the extent found useful and necessary in the Caucasian. Thus, no agents act more satisfactorily or philosophically in the subduction of acute inflammatory symptoms in the white race, or are more urgently called for in the scientific treatment of such cases, than bloodletting and arterial sedatives; and yet, if they are resorted to for a similar purpose in the negro, the greatest caution and circumspection are imperatively demanded in order that harm shall not result from their use. In the rare cases in the negro which seem to warrant active antiphlogistic treatment, tonics and stimulants are required at an early period in their management. Opium and its preparations are badly borne by the African, as a rule, and the same is true, in an equal degree, of the entire narcotic class of remedial agents in their action upon his organism.

This is an exceedingly interesting branch of professional inquiry, and though the field is so inviting as to tempt me to detain the reader much further in the presentation of many other valuable facts gleaned in it during more than two decades of active practice upon and near the rice plantations of South Carolina and Georgia, where, I may add, that in ante-bellum days the material and the opportunities for turning it to practical and valuable account were of the most abundant character, yet it seems necessary that, after a few more words or statements of closely allied facts, this hastily written article should be brought to a close.

The hybrid—mulatto—is a factor of considerable importance to physicians who encounter him in practice to much extent. But when he is considered as partaking of the structure and *nature* of his progenitors in a nearly equal degree, it will be readily perceived that he occupies a place intermediate, or between the Caucasian and African races, in other respects also. His immunity and his susceptibility to the diseases of his progenitors, and his impressi-

bility to the action of therapeutic agents, is also of an intermediate grade between that of the races from which he sprang.—*N. Y. Med. Record.*

A TRUSTWORTHY COMBINATION OF COCA, VIBURNUM AND CELERY, WITH NOTES OF CASES.

BY WILLIAM B. HAZARD, M. D.,

Professor of General Pathology and of Diseases of the Mind and Nervous System,
St. Louis College of Physicians and Surgeons, etc.

Erythroxylon Coca is a shrub growing in several of the States of South America. The leaves are the parts of the plant used as a nervous stimulant or tonic. A large amount is collected annually by the natives and preserved for use by being dried in the sun. They are oval in shape, about two inches in length, and have a bitter and pungent taste when green; when dried, they taste like Chinese tea. The natives' method of use is by chewing the leaves mixed with a little ashes or lime.

The leaves contain coca-tannic acid, a variety of tannin which gives a green reaction with salts of iron; cocaina, a fixed, crystallizable alkaloid which benumbs the tongue and has a bitter taste; and hygrina, a volatile alkaloid, pale yellow in color, oily in consistency and possessing an alkaline reaction and a burning taste.

The physiological actions of coca upon animals are as follows: In small doses it dilates the pupils, causes hyperæsthesia and loss of co-ordination of movements. In medium doses, it lessens, and then abolishes sensibility. In large doses, it produces tetanic convulsions.

In man, all authorities agree that it prevents fatigue and enables the user to perform more labor with less exhaustion than would otherwise ensue. The natives of South America, at the time of the Spanish conquest, claimed for it a divine origin. This caused the conquerors to interdict its use; but these religious scruples gave way before the fact that the enslaved populace could perform much more labor with than without it—a strong testimonial to the benefits it confers upon its consumers. The results of experiments made in this country are that coca retards, in some way as yet unexplained, tissue metamorphosis, and consequently diminishes waste, while, at the same time, it stimulates the nervous system without subsequent ill effects.

The medicinal virtues of coca are faithfully outlined in its physiological action. It is indicated in all functional affections in which it is a desideratum to prevent waste of muscular or nervous tissue. In all such conditions this agent becomes a valuable aid to conservative medicine. More effective than tea or coffee, and devoid of the per.icious properties of alcohol or opium, it gives the patient a respite from suffering and gives the physician what he most needs: time in which to obtain the reparation of worn-out

physiological units of the organism through the agency of improved nutrition.

In the treatment of the alcohol and opium habits, coca has proven itself simply invaluable. Nervous exhaustion, whether superinduced by too prolonged brain-work, business worry, or excesses in venery, finds in coca a valuable help toward a restoration to the normal condition. In convalescence from acute diseases, this again becomes a valuable aid by hindering excessive waste of the body and giving time for the digestive organs to supply new material for the restoration of the exhausted organism.

There is a large class of cases which require something more than a mere nervous stimulant, although the principal symptoms are those of nervous exhaustion. Reference is here made to those instances of disease, which in the female are accompanied with pelvic pain, and, in the male, with urethral and prostatic hyperæsthesia, and in both sexes with depression of spirits amounting to hypochondria reaching almost to melancholia. These cases require a sedative effect to be exerted especially over the reflex apparatus of the genito-spinal and abdominal sympathetic systems.

The varieties of Viburnum (*V. opulus* and *V. prunifolium*) have the power of reducing hyperæsthesia and reflex excitability—in these directions. Ovarian neuralgia, tending to abortion and dysmenorrhœa in the woman, and prostatorrhœa, psychological impotency and numberless symptoms of exaggerated irritability of the sensory nerves in the man, are happily relieved by preparations of viburnum.

Celery (*Apium graveolens*) has long been recognized as possessing strong powers as a diuretic, at the same time controlling irritability of the bladder, and exerting a most beneficial influence over headaches of a nervous origin. As a soothing agent in sleeplessness originating in over-work, and as a stomachic tonic, when taken in moderate quantity after meals, aiding in digestion and assimilation, popular favor has long since marked it out as "a friend in need" to the nervous dyspeptic as well as to those whose appetite tempts to over-indulgence at the table. Celery, when taken in substance, or if the stalks are not properly blanched, often acts disadvantageously, especially if it is hastily swallowed without proper mastication. This may be avoided by the use of a fluid extract. The bane of American life is dyspepsia, which has gained recognition as *the* American disease. Good cooking and sufficient mastication of food would do much to overcome this national enemy. But we have to take things as we find them, and the average American has to have a stomachic stimulant or tonic furnished him to overcome the effects of a bad *cuisine* and worse habits as regards the pursuit of business as well as ingestion of food.

In Richardson's "CELERINA" we find a combination which very fairly meets the requisites hereinbefore pointed out. As a tonic and soothing agent, acting primarily upon the digestive and genito-urinary systems, and as a modifier of the nutrition of the nerves supplying the pelvis, it is, theoretically, well calculated to meet a large class of indications. Practically, it has proven itself

worthy of a more extensive trial than it has yet had from the medical profession.

My own experience with "CELERINA" has, thus far, been rather limited. In two cases of dysmenorrhœa, accompanied with ovarian hyperæsthesia, due to excessive child-bearing and over-work at the wash-tub, and consequent loss of appetite and emaciation, "CELERINA" afforded marked relief. These were charity cases and, consequently, not very favorable subjects for treatment. Under better circumstances, I am satisfied that permanent relief would have resulted.

A case of the most marked nervous exhaustion, consequent on prolonged masturbation, resulting in temporary impotency, was referred to me by a physician in Central Texas, in the summer of 1882. The patient was a very intelligent gentleman of thirty-two years of age; single; hypochondriacal, and low-spirited, almost to the verge of suicide. Treatment by strychnia, phosphorus, laxatives and local applications to the neighborhood of the prostate gave him no relief. Cold baths and a general tonic regimen were equally without result. He was finally given two pounds of "CELERINA," with directions to take two teaspoonfuls after each meal, which were faithfully carried out, and a permanent cure was effected.

The first result to be achieved in the treatment of such a case, is to secure complete abstinence from the vile practice which was the primary cause of the trouble. This is often beyond the enfeebled powers of the patient, unless he has proper medical aid. I think the effects of viburnum, in this regard, by soothing the urethral mucous membrane and counteracting the "irritable weakness" of the genito-spinal center, may be safely relied upon in cases where there is any amount of will-power available.

In a second case referred to me in October, 1882, by a physician of Southern Kansas, there was less marked hypochondria, due to indigestion, constipation, and lack of out-door exercise. Here a proper laxative, horseback exercise, and regulated diet produced some improvement, but the mental depression was not relieved until the second eight ounces of "CELERINA" had been nearly exhausted.

In February of this year, an old gentleman from Southern Arkansas, the subject of attacks of melancholia recurring every two or three years, presented himself to me for treatment. His then present attack was marked by no definite delusion, but by such a profound depression of spirits that he could scarcely refrain from committing suicide whenever the surrounding circumstances would give him the opportunity to take his own life. Although a man of wealth, he feared impending poverty, at the same time recognizing the folly of such fears. Laxatives, cannabis indica, bimeconite of morphia, and a hydrotherapeutic course did him no good. He greatly improved on "CELERINA," and at last accounts seemed fairly on the road towards recovery. His digestion and sleep were greatly improved by this preparation, and I consider it aided to make his condition more tolerable; at the same time I believe he would have recovered, as he had on three previous occasions, with-

out much medication. It is possible, however, that he avoided commitment to an asylum by the use of the medicines prescribed, something terribly humiliating to a proud and sensitive spirit such as that possessed by this gentleman, as well as agonizing to his relatives and friends.

The excessive wear and tear of the muscular system during an attack of chorea and after rapidly recurring epileptic paroxysms, as well as during delirium tremens, would doubtless be diminished by the judicious use of this valuable agent.

I trust the profession may be induced to give this combination of excellent remedies a fair trial in properly selected cases. I know the honorable character of the manufacturers, and that reliance can be placed implicitly upon the purity and genuineness of the agents entering into its composition.

The protest of the profession has always been uttered against "secret nostrums," and "patent preparations," in neither of which category can this combination of well-known, recognized drugs in definite proportions, be classed, nor should the opposition to trade-marks deter any one from its use, when, as in the present instance, the trade-mark is a guarantee of trustworthiness.—*Med. Brief.*

THE SWALLOWING OF A SILVER HALF-DOLLAR— DEATH.

A young man about twenty years of age lost a silver half-dollar while throwing it up and catching it in his mouth. He looked for it about the room, but failing to find it, and feeling a sensation in his throat, concluded that he must have swallowed it. On trying to eat he experienced difficulty in swallowing, which was much less after one or two attempts. For several days he ate only soft food, swallowing with difficulty. After that he took his usual diet. He consulted a doctor, who gave him an emetic, and another who twice passed a probang. The latter assured him that the coin must have passed into the stomach, and that the sensation which still persisted was simply the result of irritation.

Nineteen days after the accident he had an attack of hiccough while at dinner. After this the sensation of pressure in the throat was less. He grew pale and thin. He slept little, and could rest only with his head high. He was very nervous, and after about two days complained of feeling very tired. He then had repeated attacks of hæmatemesis, became unconscious, and died twenty-two days after losing the coin.

I give the following notes of the autopsy from the memorandum of Dr. D. S. Burr:

BINGHAMTON, N. Y., July 19, 1879.

Stomach normal, filled with black blood clotted. Upper part of small intestine normal, and filled with black grumous blood. **Œsophagus:** posterior to commencement of descending aorta the coin was found, with two small perforations into the descending

aorta. The coin was a silver half-dollar, and presented the flat sides toward the back and front.

The peculiar features in the case are: First. The point of lodgment. The coin appears to have been moving with sufficient force to pass the constriction at the level of the cricoid cartilage and yet to have been too large to reach the cardiac orifice.

Second. The transverse position in a vertical plane, which, with the backward curve of the œsophagus, might enable the probang to pass in front of it without the operator feeling any obstruction. At any rate it did not present a serious obstacle to the passage of food.

Third. The absence of any extensive inflammation. The only discoverable lesion being the small ulcerations into the aorta, through which the patient slowly bled to death. hemorrhage probably beginning at the attack of hiccough three days before death.—*Boston Med. and Surg. Journal.*

Fatal Effects from the Bee's Sting.—Elsewhere in this number of the journal we print an extract from the Lancet, going to show that the sting of the bee occasionally proves fatal. An additional instance, if we may credit a press dispatch, occurred last week in the town of Milan, in Tennessee. The report is, that a woman was stung on the nose, and died in a few minutes. If it should really prove that in a number of cases death may fairly be imputed to the sting of the bee, the matter will be well worth investigating. Ordinarily, as is well known, only a local irritation is produced. If we concede that the mosquito can implant the *Filaria sanguinis hominis* in a man's blood, it seems not unreasonable to conjecture that the bite or sting of various animals not usually venomous may be made so on occasions of their having fed upon some septic or noxious substance. It is highly desirable that well-observed cases of this sort should be put on record.—*N. Y. Med. Record.*

The Editor of this Journal is cognizant of a case of death resulting from the sting of a bee. In this case, however, there was evidently an idiosyncrasy, as the same party had narrowly escaped death on a former occasion from the same cause.—ED. SO. MED. RECORD.]

Cure of Squint Without Operatton.—In the early stages of a convergent strabismus, before the internal rectus muscle is permanently contracted, Dr. Boucheron (Schmidt's Jarbucher, January 17, 1883) claims that a cure is possible without operation. He states that, as a convergence is caused by efforts of accommodation for near objects, if we take away the power of accommodation, squint will not occur. He maintains a constant mydriasis by the instillation of atropine night and morning. A cure is usually obtained in two or three weeks. If atropine is not well borne, other mydriatics, such is duboisia, may be used. In nine cases of intermittent strabismus the author obtained eight cures by this method.—*Medical Record, N. Y.*

ABSTRACTS AND GLEANINGS.

Bromide of Sodium and Bromide of Potassium.—A physiological study of the two salts in question supports the following propositions :

1. The bromide of sodium, because it is a sodic compound, should be more congenial, less disturbing, to the fluids and solids of the body than its potassic congener.
2. The sodium salt, in extended use, should be less depressing to the heart, all potassic salts, after a time, tending to produce cardiac depression.
3. The sodic bromide is less offensive to the taste, much less irritating to the stomach.
4. The bromide of sodium should have equal, if not superior, general therapeutic power with the bromide of potassium, since while the former has a bromine per cent. of 78, the latter has but 66.

To which it may be added, my clinical experience has brought me the following conclusions :

1. The bromide of sodium has equal therapeutic power, throughout the entire range of medication (with possibly an exception), with that of the bromide of potassium.
2. Not only this, but the bromide of sodium has superior therapeutic value, both from the greater mildness of its physiological impression, and because of additional therapeutic applications which were confined to the potassic salt, would be inconvenient if not impossible.

And, first, bromide of sodium is pre-eminently the child's bromide, as tannate of quinia is the "babe's quinine." It is much less disagreeable to the taste, and less likely to be objected to. In the case of the very young, children a few months or under two years of age, where small quantities of the remedy are all that is required, I have frequently followed the suggestion of the French, and seasoned the infant's food with the bromide of sodium instead of with common salt, for example, a few grains added to the bottle of milk several times through the day or at bed-time. The occasions when we must disgust the young with offensive and bulky remedies are far too many ; it is a good thing to avoid them when we can. Again, the babe will seldom object to two or four grains of the sodic bromide in a teaspoonful of water, sweetened or not. The bromide of potassium is another matter altogether.

For nausea and vomiting of the adult, and especially in the nervous female, occasioned by whatever common derangement of stomach or reflected disturbance, I have found bromide of sodium in ice-water—a half drachm to the half tumbler—one of the most effective of remedies. It must, of course, be drank slowly, a little at a time, as the stomach can receive it, and it is an essential condition that a little ice be kept in the solution until it is all taken. I remember in one instance treating effectively three such cases in

the course of the week. They were all night calls, but I avoided going out by sending the bromide with instructions how to use it, and, in one case, also ice from my refrigerator. I know of no other one remedy, not even morphia, in minute doses, that will accomplish so much, and morphia may be objectionable on account of after-effect, which the bromide never is. I should despair of treating this class of cases with bromide of potassium; the taste would often insure its refusal almost before it had reached the stomach—in a case where the vomitive tract of impression and conduction involves not alone the surface of the stomach, but also œsophagus, fauces, and even to the very mouth—or, if the stomach could be induced to receive it, its positively irritating effect would soon occasion its rejection, and leave the patient worse than before any medicine was taken. Similar criticism applies to the choice of a bromide for sea-sickness.—*Boston Med. and Surg. Jour.*

Boroglyceride in the Treatment of Diseases of the Eye and Ear.—L. Webster Fox, M. D., in the Western Medical Reporter, says :

Boroglyceride, which has drawn the attention of surgeons to its antiseptic and astringent properties, has been used by me in the ophthalmological and aural department of the Germantown Hospital for the last six months. The number of cases treated have been numerous enough to justify my recommending it as a very valuable agent in the treatment of certain ocular and aural troubles.

To Dr. Granville Faught, formerly resident physician, I am greatly indebted for the successful preparation of the drug, as well as to his careful attention to the patients treated, and notes made on each respective case. I refer the reader to Dr. Faught's article on boroglyceride, in the present number of this journal, not only as to the manner of its preparation, but also to his views on the drug as a therapeutic remedy.

Boroglyceride, when applied to the healthy conjunctiva, produces a sharp, smarting pain, lasting several minutes, profuse lachrymation and congestion of the smaller veins and arteries, not only of the mucous surface of the lids, but of the conjunctiva covering the eyeball; this being followed by contraction of the vessels, the sclerotic becoming pearly, and cornea particularly brilliant.

It has an acrid taste, not unpleasant. Its astringent properties are made manifest by a decided puckering of the mucous lining of the mouth.

In certain chronic conditions of the conjunctiva, patients do not complain of the smarting pain at first, but after several days' use this becomes manifest.

The preparations used have contained ten per cent., and fifty per cent. of the drug in glycerine. It is soluble in glycerine, cold and hot water.

In cases of acute conjunctivitis, with slight secretions, the following collyrium has been found efficacious:

R Boroglyceride.....	3 j,
Camphor or rose water.....	} aa 3 j.
Distilled water.....	

This can be applied either by a bit of cotton-wool or by the spray. After several applications, the congestion disappears, and the mucous surface is restored to its normal condition. In granular lids, with much thickening of the conjunctiva complicated with pannus of cornea, a fifty per cent. solution was used. The slight purulent secretions were checked immediately; the thickened and congested condition of the conjunctiva was reduced, the vessels on the cornea disappeared leaving it clear and transparent; but no change is observable in the hypertrophied condition of the papillæ, excepting to make them more pronounced in their outline. At this stage of the treatment, xerosis conjunctivæ is not unfrequently produced. The conjunctivæ are free from moisture, and the patient has sensations of heat and dryness in the eyes, which are distressing. The treatment should be discontinued, and a solution of nitrate of silver, five or ten grains to the ounce, substituted; one application daily should be made to the parts, until the normal secretions are restored; then the sulphate of copper, in substance, is to be applied once daily to the now reduced trachoma. Under this treatment the granulations disappear very rapidly, the lids become smooth, and, where there is pannus, the cornea regains and retains its transparency.—*Western Med. Reporter.*

Hemorrhagic Diathesis.—Dr. Wm. Savery, in Obstetric Society of Philadelphia, related the history of a boy, five years of age, who had fallen and received a slight wound of the scalp from a nail sticking out of a post; it was a mere scratch and did not need a stitch to hold it together, but it bled profusely; all sorts of domestic remedies, including cob-web, had been tried without avail. The doctor finally succeeded with lint, wet with Monsel's solution and continued firm pressure.

A few days later the same boy fell from one step on the floor; there was no external wound nor loss of blood, but the side of the face was enormously swelled from hemorrhage into the tissues. A course of iron and tonics has improved the boy's appearance, but he is still pale.

Dr. Horace Williams had seen a case of obstinate and prolonged hemorrhage after the extraction of a tooth; it was finally stopped by fitting a cork into the alveolar cavity.

An infant aged nine days was attacked with purpuric spots over the body and bleeding at the navel. To the latter were applied successively styptic colloid, tannin, Monsel's solution, Monsel's salt in powder, and finally transverse pains and figure of eight ligatures: but the bleeding reappeared as soon as the latter came away and the child finally died from loss of blood.

Dr. R. A. Cleemann had under his care a young man who had previously suffered from profuse hemorrhage for two days, consequent on the extraction of a tooth; the hemorrhage was finally stopped by Dr. Hartshorn, who plugged the cavity with a styptic.

Dr. H. advised the young man never again to run the risk of a hemorrhage of any kind, as it would probably prove fatal. Recently, he had been suffering severely from a toothache which nothing but extraction could relieve. Dr. Cleemann put him on gallic acid internally, and tannic acid locally, for two weeks before the extraction, which was accomplished without any unusual loss of blood.

In a case of nasal hemorrhage, the anterior and posterior nares were plugged, but then ecchymoses appeared around the eyes, and the plugs were removed, transfusion of a few ounces of blood was employed and the hemorrhage ceased and did not return; the patient died three months later of phthisis.

Dr. E. L. Duer considered gallic acid a very valuable remedy for hemorrhage. He would like particularly to bring before the Society the old but neglected remedy, *Erigeron* or flea-bane; the tincture and the volatile oil are very efficient when used internally to stop hemorrhage. The oil may be given in doses of ten drops every ten minutes until the bleeding is checked, after which it may be continued at longer intervals until the tendency has passed away.

Dr. Githens had been using oil of *Erigeron* for a number of years with remarkable success as an internal hemostatic. It was far more reliable than any other with which he was acquainted.—*Obstetric Gazette*.

Viability of the Premature Fetus.—At the meeting of the Lebanon, Ohio, Medical Society some months ago, Dr. Scoville related a case with essentially the following outline of history:

The patient in question menstruated during the second week of last December; claims to have positive knowledge that she conceived December 23d. She was confined with a premature child on the 29th of May, which would make a period of 155 days. The child lived 23 hours; cried several times; took nourishment. It was a male, weight, one pound twelve ounces. Length, about twelve inches.

Such cases of viability of the premature fetus come to us from time to time, and they suggest the inquiry as to how early we are to deem premature children capable, not merely of temporary viability, but of going forward to live.

Not long since, I found in one of the medical journals a case much the same in history with that of Dr. Scoville; but the time is still shorter. It is reported by Dr. Williams, of Frankfort, Kentucky.

"December 23d, 1882, Mrs. S. aborted; was unwell twice afterward; well February 13th, 1882, of the last menstruation. July 4th, the doctor attended her again in an abortion, *i.e.*, 141 days from the last menstruation. The fetus weighed one and one-half pounds; moved and breathed for half an hour and made a feeble cry.

Such cases as these do not prove that with special favoring circumstances or care, the child might or might not have lived; and yet there is suggested to us, that with so much matured organism

and vitality a child might very frequently survive ; and if so, what means should be employed when these favorable cases of prematurity occur.

Physiologically, however, the sentiment of the profession has not favored the probability of sustaining the life of children born at a stage of prematurity at all expressed in such cases as the two—I have briefly quoted.

The general formula announced in most of our old and standard authorities was to the effect that about seven lunar months, or something less than 200 days, of the intra-uterine existence and development, was necessary to reach a stage of independent and permanent viability.—*Obstetric Gazette*.

Percussion of the Colon in Diarrhœa.—Diarrhœa depending upon fecal accumulations in the lower bowel (diarrhœa paradoxæ) is a well known condition, the treatment of which by laxatives is of long-recognized utility. The diagnosis, however, between this form of diarrhœa and that other whose location is, more strictly speaking, in the small intestine, has often presented considerable difficulty. In an article upon this subject, in the *Deutsche Medicinische Wochenschrift* of February 14, 1883, Dr. Goedicke advocates the systematic practice of abdominal percussion in all cases of diarrhœa. He was led to adopt the practice in this wise: Several years before, when a young army surgeon, his suspicions were often aroused by the number of soldiers coming to him with the complaint of diarrhœa. In order to detect the malingerers, he made use of percussion of the colon, reasoning that in genuine diarrhœa the descending colon should be empty, and therefore give a tympanitic percussion note. He was surprised, therefore, to find that the contrary was usually the case. In most of the men in whom diarrhœa actually existed, as was ascertained from the reports of the infirmary orderlies, the percussion note of the descending colon was dull. The investigations now undertaken led him to the following conclusions: 1. In a healthy individual, with normal movements, if we percuss the colon we shall find that the left iliac fossa usually gives a flatter note than the right. 2. In patients suffering from diarrhœa the greater dullness may be on either side, but is usually, in otherwise healthy persons, on the left. 3. The same condition obtains in children. 4. Whenever there is tenderness on pressure, it is found on the same side as the greater dullness. 5. The term "dullness" is to be understood as relative and not necessarily absolute, for the percussion note on both sides may be actually tympanitic if the colon be distended with gas. The author asserts that by far the more common form of diarrhœa is that excited by fecal accumulation in the large intestine. It is this variety which is characterized by increased relative dullness in the left iliac fossa, and in which opiates and astringent remedies are contra-indicated. In the other form of diarrhœa the trouble is in the upper bowel, and here the percussion note upon the right side is more dull, or less tympanitic, than that on the left. It is in these cases that the ordinary diarrhœa medicines find their application. Dr. Goedicke concludes by urg--

ing the practice of abdominal percussion in every case of diarrhæa, where possible (it is always possible in children, and it is in children that the knowledge of the true nature of the trouble is of the greatest importance), and he states his conviction that the more general this practice becomes, the less frequently will opium be employed in the treatment of diarrhæa.—*N. Y. Med. Rec.*

Iodoform in Spray Form.—The use of iodoform as applied to wounds as a dressing, by means of the alcohol or ether spray, has been closely investigated by P. G. Unna, of Hamburg. The author's results were so satisfactory with this method of applying drugs, that he used quite a number of remedies in different diseases in the same manner.

The objection to the use of iodoform as a powder, is mainly due to the unavoidable toxic symptoms that arise in nearly all cases where an extensive surface is dusted over. Nor can its action be limited when untoward symptoms have set in, especially if the powder has been thrown into a cavity.

The advantages claimed for the method of dissolving a drug in ether or alcohol, and then applying it by means of a spray, are many and important: 1. The spray has a tendency to relieve pain. 2. The surgeon can reach parts that are inaccessible when a liquid or powder is used. 3. The medicament is not wasted as by the other plans of treatment.

In the following pathological conditions the spray is especially indicated. Inflammation of mucous surfaces (post nares), pharynx, urethra, rectum, and vagina, especially in mucous surfaces where the excretions have a tendency to wash the medicament away. Chrysophanic ether spray may be employed in herpes tonsurans, favus, sycosis parasitica and psoriasis capitis. Hydrate of chloral, in spray form, acts very kindly as a local anæsthetic, where minor operations are to be performed. The collodion is applicable in cases where the drug will not adhere to the surface that must be treated; the remedy is applied first, then coated with the collodion spray, which, by evaporating, forms a covering. The following remedies are soluble in ether or alcohol: Salicylic acid, benzoic acid, acetic acid, chrysophanic acid, pyrogallie acid, citric acid, carbolic acid, atropia, codein, digitalin, santolin and all the alkaloid of cinchona, etc. Boracic acid, gallic acid, arsenic acid, oxalic acid, tannic acid, nitrate of silver, acetate of lead, chloride of zinc, caustic, potash and a few others are soluble in alcohol only. This table is given by the author as a guide, since he thinks the treatment of wounds by the spray has a brilliant future.—*Deutsch Med. Zeit.*

The Teeth in Diabetes.—Dr. Magitot has, after an examination of many diabetics, come to the following conclusions: First, examination of the mouths of diabetics furnishes a constant symptom of the disease. Second, this symptom is a lesion of the alveolar border, which may be designated as an alveolar osteo-periostitis. Third, this manifestation appears at the outset of the disease, persists during its course, and can in consequence, be con-

sidered a pathognomonic symptom. Fourth, this alveolar affection, considered as a symptom of diabetes, presents three periods. Its first period is that of simple deviation of the teeth. Its second period is that of loosening of the teeth and alveolar catarrh. Each of these periods is in relation to the phase of the constitutional disease. The third period, that of the falling out of the teeth, corresponds to a more advanced state of glycosuria. Besides this last symptom there may occur, if the patient lives long enough, an osseous resorption, which may, or may not, be consecutive to a gangrene of the gums. The appearance of this latter complication is evidence of a critical stage of the disease, as it ordinarily ushers in its fatal termination. The value, as a symptom, of the first stage of dental changes remains to be determined. It must be obvious, however, that it can only occur in the more chronic forms of glycosuric diabetes.—*Independent Practitioner*.

Diphtheria.—The following summary of observations is given by Dr. Mulheron in *Therapeutic Gazette*:

1. Diphtheria may be either local or constitutional in its origin.
2. It may continue as a purely local or as a purely constitutional disease, or the local disease may be followed by constitutional infection, or *vice versa*—the disease in the vast majority of instances manifesting itself in both the constitutional disturbance and the local affection.

3. The comparative value of the local and constitutional remedies is dependent upon the nature of the affection in individual cases.

4. Diphtheria is a contagious disease, but not liable to attack a healthy mucous membrane or to find an entrance through it into the circulation.

5. The contagium of diphtheria is not a micrococcus, nor is it visible under the most powerful microscope yet manufactured.

6. The contagium of diphtheria is of a gaseous nature (the result of decomposing fæcal and other organic matter), and can be neutralized only by a true disinfectant and not by an antiseptic.

7. The best local application is the tincture of the chloride of iron. It may be supplemented by other applications according to the indications in individual cases.

8. In a typical case of asthenic diphtheria, administer large (10 grains) and frequently repeated (hourly) doses of calomel until the characteristic stools are secured. Following this give large doses of the tincture of the chloride of iron every two hours, and administer alcohol within the limits of intoxication. In asthenic cases the calomel should be omitted and the main reliance placed on the iron and alcohol.

Local Anæsthesia.—By the following method abscesses, felons, boils, etc., can be opened with little or no pain:

Sharpen to a point a stick about six inches in length. Dip the point into liquified carbolic acid, and apply to the point chosen for opening. After a moment's delay cut the skin with the knife; then take a little of the acid on the point of the stick and apply in

the incision with a gentle rotary motion. By frequent applications of the acid, and a gentle rotary motion of the stick persistently applied, an opening can be made to the required depth. The carbolic acid produces first anæsthesia, then death of the parts to which it is applied in the foregoing manner.

I have little doubt but, by patience and perseverance, a stick might be made to pass, without pain, through the entire thickness of the fleshy part of the thigh. The following are cases to the point:

Mr. J. G., a young man, aged 22 years, had passed several sleepless nights, and had suffered great pain, with a deep palmar abscess. He presented himself to me with a worn and haggard expression of countenance, and with his nervous system unstrung. In a few minutes I succeeded in making a free opening, causing little or no pain, through which pus escaped. A rough measurement showed an aperture through the swollen tissues seven-eighths of an inch in depth.

Miss S. S. presented herself to me, under nearly the same circumstances and conditions as in the preceding case, except with felon on her left thumb. A few moments' manipulation relieved her without pain, and left a free opening, through which pus freely escaped. The depth of the opening was a scant three-fourths of an inch.—*Southern Practitioner*.

Six Years Experience in the Treatment of Syphilis.—Dr. Charles R. Drysdale thus concludes an article on this subject in the Medical Press: "The treatment of syphilis, commencing with the initial lesion, ought to be continuous, and should consist of very small doses of some mercurial salt, continued for months. When severe symptoms are seen, inunction, calomel vapor baths, or fractional doses of the mercurial salt should be given for a week or so every four hours, in combination with large doses of the iodide of potassium, sodium or ammonium. Atropia drops should be frequently used in iritis. In gummy deposits the chief curative remedy is iodide of potassium in large doses; but a tonic dose of some form of mercurial salt may be added as a germicide. If cerebral symptoms supervene, they are to be treated energetically with the iodide and with immersion.

"Mercury in such small doses seems to do no harm to the general health, and there is much evidence to show that it is a tonic, which may be given even for years with advantage in some cases of anæmia. All cases of syphilis, mild or severe, should be treated by these small doses of mercury in order to prevent the supervention of tertiary symptoms or gummy products. The germ of syphilis has not yet been seen by the microscope, but it exists in all probability, and this is the rational account of the useful action of mercury and iodine, which are both germicides."—*Medical and Surgical Reporter*.

Vaccination with Saliva of a Calf.—Dr. T. J. Reid, of Hot Springs, Ark, writes to the Louisville Medical News: "Quite recently my attention has been called to an accidental vaccination of

a respectable lady in this vicinity with the fresh saliva of a calf while sucking. This lady had on the index finger of her right hand two nævi or small warts. While milking her cow the calf annoyed her, and she (lawfully in this State) gave it a back-handed slap and, striking one of the nævi against the calf's tooth, contused or wounded it so as to cause it to bleed a drop or two. About a week or ten days thereafter it inflamed, causing the hand and arm to swell, with rigors and considerable febrile excitement. The pustule was well formed, umbilicated and desquamated about the twenty-sixth day. All the ordinary phenomena of a well-typed bovine vaccination, and the characteristic eschar supervening, caused me to question, What is the true bovine vaccine? If the distinguished Jenner was mistaken as to how this bovine vaccine was acquired, and instead of the grease, a disease of horses' heels being the medium through the cow, it is the fresh saliva of a calf, we should experiment sufficiently to ascertain the truth."—*Maryland Medical Journal*.

Artificial Human Milk.—A writer in the Druggists' Circular says: I saw an article on artificial human milk, as recommended by Prof. Frankland, in the April number of your esteemed paper. I shall give you my experience on the same subject, which, I think, may save many an anxious hour to mothers unable to nurse their children. I would state that I have used this receipt for some time with the most marked success in each and every instance, the children all thriving wonderfully upon it. The last time I used it was in my own family. It is especially well adapted to regulate summer complaints of infants. My *modus operandi* is as follows: To a pint of milk add fifteen grains of saccharated pepsine, acidulated with thirty minims of dilute muriatic acid. Set the bowl containing the milk over a spirit lamp or gas burner, until it curdles solid. Then beat up the curds as fine as possible and strain through an old linen, which I found to answer the best. While straining continue to break up the curds and use some pressure to expel all the whey. To the whey received add about one-third or one-half of barley water (*Decoctum Horde*, U. S. P.) and sweeten the mixture to resemble human milk. It is very palatable and very-nourishing. The milk should be as fresh as possible: if any cream has risen to the surface, stir the milk well.

Mullein in Phthisis.—Dr. F. J. B. Quinlan, (*British Medical Journal*) says concerning the use of this plant in phthisis, that mullein plant boiled in milk is liked by the patients; the watery infusion is disagreeable, and the succus still more so. The hot milk decoction causes a comfortable sensation, and when once patients take it they experience a physiological want, and when the supply was once or twice interrupted complained much in consequence. It eases phthisical cough; in fact, some of the patients scarcely took their cough mixture at all, an unmixed boon to phthisical sufferers with delicate stomachs. Its power of checking phthisical looseness of the bowels was very marked, and that this was not merely due to the well-known astringent properties

of boiled milk. It also gave relief to the dyspnœa. For phthisical night-sweats it was utterly useless. In advanced cases mullein does not prevent loss of weight. In pre-tubercular and early cases of pulmonary consumption, mullein appears to have a distinct weight-increasing power. In early cases mullein acts very much in the same manner as cod-liver oil; and when it is considered that it is at once cheap and palatable, it is certainly worth a trial.—*Gaillard's Med. Jour.*

Carbolic Acid in Piles and Fistulæ.—The fact that there is a growing tendency among physicians to the belief that carbolic acid injected into the pile tumors will radically cure and entirely remove them, and that it amounts almost to a specific in fistula, has induced Dr. A. B. Allen, of Jerseyville, Illinois, to write to the *Peoria Medical Monthly* for May, 1883, condemning this practice. In conclusion, he says:

"I have met over one hundred cases that had been treated by some one of the above methods before coming to me. The universal verdict has been that it is very painful, and I am certain ineffectual, and a large proportion of them certainly very much debilitated, either from the therapeutical effects of the drug, or from the excruciating pain they had undergone.—*Med. and Surg. Rep.*

A Hydrophobia Cure.—Dr. August Hoff writes to the *Australian Medical Gazette* for April: Allow me to draw your attention to a case of hydrophobia successfully treated by Dr. Offenberg, of Munster, Westphalia. The case made a great sensation, and went through all the medical and even political papers of Germany. A female peasant, twenty four years of age, was bitten by a rabid dog, and although the wound was cauterized, the dreadful disease developed after eleven weeks. Dr. Offenberg used very energetically curare (the poison used by the Indians in the northern part of South America for arming the points of their arrows), to the extent of twenty centigrams (three and one-third grains) within five hours, although the dose for injection is usually only one-tenth to one-half grain. The patient fully recovered.—*Ex.*

Unpleasant Effects of Quinine—Bromide of Potassium.—Dr. J. A. Kite reports a case in which drugs could not be retained by the stomach, and a rectal injection of ten grains of bisulphate of quinine was ordered to be taken every three hours. Following the third injection, a severe headache with buzzing in the ears, accompanied by slight hallucinations. He gave an enema of thirty grains of bromide of potassium, and before fifteen minutes had elapsed all the distressing symptoms disappeared, and the patient passed into a quiet sleep.—*Med. News.*

Hydrastin in Laryngeal Phthisis.—Dr. Bird (*Australian Medical Journal*) claims good results from the treatment of laryngeal phthisis with a spray composed of hydrastin, glycerine, borax and morphia. A combination of this kind would seem likely to be of advantage.—*Buffalo Med. and Surg. Jour.*

Removal of Warts by Cauterization.—Dr. Cellier recommends the following treatment for warts, in the *Jour. de Med. et de Chirg. Pratiques*, March, 1883: The base of the wart is transfixed by an ordinary pin, care being taken not to pierce the healthy tissue beneath. Then, the skin being protected, the head of the pin is held in the flame of a candle. In a few minutes the wart becomes white and fissured, and comes away on the point of the pin. The procedure is said to be painless as well as bloodless. The curious assertion is made by Dr. Cellier that it is necessary to remove but one wart on the hand, and all the others (sometimes even a dozen or more) will disappear without treatment—*Med. Record*.

The Treatment of Croup.—Dr. Charles J. Fahie writes to the *British Medical Journal*, May 12, 1883, that out of ten cases of croup treated as follows, he did not lose one. He provides that the case must be seen early. A hot bath, a hot poultice of salt to the throat externally, a mustard emetic, and a dose (to be regulated according to the age of the child) of the following mixture every two hours: Tartar emetic, liquor ammoniæ acetatis, and mistura citratis potassæ, to six ounces. The citrate of potash mixture can be made by saturating bicarbonate of potash with citric acid.

Such success raises a question as to the correctness of Dr. Fahie's diagnosis, about which he says nothing.—*Med. and Surg. Rep.*

Swallowing of Shot and Insufflation in the Treatment of Ileus.—From the *London Medical Record*, May 15, 1883, we learn that in three cases (*Gazz. Med. Ital. Lomb*, February 10, 1883), with well-marked symptoms of invagination of the bowel, obstinate constipation, stercoraceous vomiting, pain, etc., Dr. Pedrini, after other remedies had failed to relieve, made the patient swallow five or six bullets and two kilogrammes of No. 3 shot, at the same time using prolonged and repeated insufflation of air by the rectum. In each case the success of this treatment was complete, relief being quickly obtained, and the patient making a good recovery.—*Med. and Surg. Rep.*

Glycerine.—M. Desguin, of Anvers, has given glycerine internally in certain forms of skin disease with, it is said, marked success, especially in acne punctata and the furuncular diathesis. He commences with four drachms daily and gradually increases the dose. He states that the secretion of the cutaneous glands, which is thick and irritating in these diseases, becomes more liquid, and cutaneous irritation is notably lessened. During the convalescence from scarlet fever he believes that it facilitates desquamation.—*Lancet. Southern Practitioner*.

Lancing the Gums.—Dr. Chase, in the *Dental Journal*, gives the following practical advice bearing on this trifling but often quite important operation:

The operator should know whether a tooth is pressing on the gum, and trying to make its way out. In this case, cut down to

the new tooth, until it is felt under the lancet. For incisors and cuspids, a straight line cut, for molars, a cross-cut.

How not to do it: With a child sitting up, in your lap, or any one's lap.

How to do it: Let the operator and "nurse" sit close together, facing each other. The child is laid down, face upward; the head in the operator's lap, the feet in the "nurse's" lap. The nurse holds the limbs of the child quietly, so that it may not interfere.

With the left hand the operator takes the jaw between his fingers, and slowly and firmly does the cutting. There is no false-cut. The child is still.—*Med. Age.*

How Long Should the Subjects of Contagious Diseases be Isolated?—The Academy of Medicine of Paris, after a careful study and report of a special commission, has given the following answer to the above inquiry.—(*Gaz. Med. de Paris.*)

1. Pupils affected with chicken-pox, small-pox, scarlet fever, measles, mumps or diphtheria, should be strictly isolated from their comrades.

2. For small-pox, scarlet fever, measles and diphtheria, isolation should not be shorter than forty days; for chicken-pox and mumps twenty-five days is enough.

3. Isolation should last until after the patient has been bathed.

4. The clothing worn by the patient at the time he was taken sick should be subjected to a temperature of 90° C. (194° Fahr.), and to sulphur vapor, and then well scoured.

5. The bedding, curtains and furniture should be thoroughly disinfected, washed and aired.

6. The pupil of a school, after recovery from one of the above contagious diseases should not be readmitted to the school unless furnished with the certificate of a physician that the above precautions have been observed.—*Can. Lan., Mar.*

Death from Petroleum by Suffocation.—During the night from September 18 to 19, 1882, twelve young girls died in the institution Cavaller Maggiore in Piedmont the death of suffocation, because they had permitted a kerosene lamp to burn during the night after they had turned it half down. The flame evidently communicated itself to the fluid in the lamp, and gradually abstracted all oxygen from the room, which fact was the cause of the suffocation. The dead bodies showed all the signs of death by suffocation.—*Med. and Surg. Rep.*

Quinine Intoxication.—A writer in the last number *Die Pharmaceutische Post*, says that as a remedy for the relief of quinine intoxication, as he calls the over stimulation caused by quinine in excessive doses, he has used ergot in several cases and finds that to neutralize the cerebral effect of one gramme of quinine at least one and a half grammes of powdered ergot or one gramme of ergotin must be employed. With this remedy the most annoying tinnitus may be entirely removed during the administration of quinine.—*Quinologist.*

Baer's Tonic.—The following is Dr. Baer's favorite tonic for diseases of women :

R	Corrosive sublimate.....	gr. j,
	Tr. iron muriate.....	ʒ iv,
	Acid hydrochloric.....	ʒ iv,
	Solution chloride arsenic.....	ʒ j,
	Syrup.....	fl. ʒ ijss,
	Water, q. s.....	fl. ʒ vj.

M. Sig Two teaspoonfuls three times a day after meals.

—*Medical Herald*

Turpentine in Diphtheria.—A German apothecary, R. Numch, of good reputation among those who know him, reports that in the case of his own seven-year-old daughter a teaspoonful night and morning of oleum terebinthinæ purificatum effected a cure of diphtheria. Others who have observed the action of the drug report that its effects are wonderful, a bright redness beginning to spread from the margin of the exudation within half an hour after its administration and, becoming generally diffused, takes the place of the false membrane in twenty-four hours. Although its effects are most marked early in the disease, it is said to be also valuable, although acting less quickly, after several days have elapsed. It may be mixed with tepid milk. The dose of an adult is a tablespoonful. The remedy is certainly a simple one, and, tried early in the disease, its employment need not prevent other treatment if it fail.—*Medical Age, March 10.*

Sub-mucous Chloroform Injections in Toothache.—Gailard's Medical Journal, May 19, 1883, says that Dr. Guillot (Progress Medical, March 24, 1883), claims to have had very good results in the treatment of toothache from the injection of chloroform beneath the mucous membrane of the gums. The effects are more immediate and lasting than those of morphine. There have been no resultant abscesses or inflammations.—*Med. and Surg. Rep.*

Medical Treatment of Obstinate Neuralgia.—M. Verneuil, in a communication to the Surgical Society of Paris (Le Prog. Med., No. 49, 1882), referring to the surgical treatment of obstinate neuralgia, said that all therapeutic resources should be exhausted before surgical interference was undertaken. He recalled a case which was cured by hyoscyamin, after resection of all the ends of nerves and even amputation had failed to give relief.—*Medical Record.*

A Smart Doctor.—An old wealthy sinner had yawned his jaw out of joint and came to a doctor for help. The doctor "set" the jaw and the patient refused to pay but half the bill. The doctor told a funny story, at which the patient laughed very heartily, and out went the old man's jaw again. This time the doctor secured his fees for both operations before performing his work, but the patient "never smiled again."—*Home Health.*

SCIENTIFIC ITEMS.

How to Act in a Tornado.—Sergeant John P. Finley, signal service officer at Kansas City, Missouri, has published, in a pamphlet on tornadoes, some useful directions concerning the course to be taken to escape the dangers of those terrible forces. The inhabitant of a tornado-frequented district must be watchful in the season of visitations, for he can never know when the destruction will come upon him. On the first sign of the approaching vortex he must run, always to the north, unless by going in that direction he will have to cross the entire path of the storm. If he is nearer to the southern edge than to the centre of the probable path, he may go south, bearing slightly east; but in no event should he ever run directly to the east or northeast. It is impossible to save any building that may lie in the path of the tornado, or any property that cannot be got out of its way. No material, no method of construction can be competent to resist the raging destruction. Nothing rising above the ground can escape it. The most practicable measure of precaution is to construct a "dug-out" at some suitable point, within easy distance from the house, to serve as a place of refuge or shelter. The retreat should be entirely underground, with a roof at least three feet thick, not rising above the surface of the earth, and entered from the northern or eastern side. A "cellar-cave" may be constructed from the cellar, if the house has one, to serve as a substitute for the "dug-out." It should be excavated from the west wall of the cellar, toward the west, and should be made as complete and secure as the "dug-out." If, however, the storm can not be escaped, if no refuge is at hand, or there is not time to get to it, the safest thing to do is to place one's self against the west wall of the cellar, face forward, or against the south wall, as near the southwest corner as possible. The northeast quarter is, in any case, a fatal position, and should always be avoided. If one is actually overtaken by the tornado, his only resource is to cast himself face downward upon the ground, with his head to the east and his arms thrown over his head to protect it. If a stump or large stone, or anything heavy that the wind will not blow over is near, he may get a trifle of protection by throwing himself to the eastward of it. If in a house with no cellar, he should get into the west room on the ground-floor if possible, and away from all stoves and heavy furniture. The people of towns might find it to their advantage to provide for having a watch, to be on duty on all days when the air bears the premonitory symptoms of a violent windstorm, to give a signal to the whole population on the appearance of the first real threatening signs. The signs of the formation and approach of a tornado-cloud are distinct and sufficiently suggestive to afford opportunity for timely and concerted action. Sergeant Finley is continuing his investigations of the phenomena of tornadoes, and he has prepared three full schedules of minute inquiries, calling for the facts attendant upon the appearance of the

storms, which he sends to persons who were within the path of one, who were on the outer edge of the path, and who were from ten to one hundred miles from it.—*Popular Science Monthly*.

Photography and Pock-marks.—Dr. Hermann Vogel, in his work entitled "The Chemistry of Light and Photography," published in the International Scientific Series, states that there are faces with little yellowish specks that do not strike the eye, but which come out very dark in photography. A few years ago a lady was photographed in Berlin whose face had never presented specks in photography. To the surprise of the photographer, on taking her portrait, specks appeared that were invisible in the original. A day later the lady sickened of small-pox, and the specks, at first invisible to the eye, became then quite apparent. Photography in this case had detected before the human eye the pock-marks, very feebly tinged yellow.—*Lancet*.

Cheap Water Filter.—Very many families desire some inexpensive device for filtering rain and other waters to be used for cooking and table use. A cheap and very efficient filter may be made by using a spirit or wine cask, placing it on end, with the head removed, and having a faucet at the bottom to draw off the clear water. To fit it for a filter, take the removed top head of the cask, and with a small bit bore holes all over it, then place four clean bricks or blocks of wood on the bottom and on these rest the perforated top. Now fill upon it about four inches of charcoal chopped into small bits the size of peas, and over this place a layer of clean sand, six inches deep. Impure water poured into the cask on top of the sand will become clear and sparkling after a little while, or as soon as all fine particles are worked out of the charcoal and sand. This filter, will not need renewing oftener than once in two or three months.—*Ibid*.

Sun-Spot Laws.—From a careful re-examination of 120 years' records of sun-spots, M. Wolf, of Zurich, comes to these three conclusions:

(1.) There is a period of 10 years. (2.) There is a second period of 11 years, 4 months. (3.) There is not a period of 12 years, imputable to the action of Jupiter. Notwithstanding the great difference of the two periods, the interval from a minimum to the following maximum is the same for both, namely, 41.2 years. After 170 years, the maxima and minima are reproduced in the same order and with the same numerical value.—*Pop. Science News*.

A Mastodon Graveyard.—The city of Dallas, Texas, is said to be built over a graveyard of mastodons, and for five or six years past excavations for buildings have seldom failed to bring up their bones. A large number of these mastodon remains were unearthed recently, and some of the bones were of enormous size.—*Ibid*.

PRACTICAL NOTES AND FORMULÆ.

Cathartic for Infants.—Dr. J. Cooperider, Taylorsville, Indiana, sends in response to the request for a cathartic for infants, the following which he has found quite satisfactory in his practice :

R Ext. sennæ fluidt..... ʒj,
 Sodii sulphatis..... ʒ ss.
 Spts. limonis..... ʒj,
 Syrupi. q. s., ad..... ʒiv.

M. Sig. A half teaspoonful to a teaspoonful every two to four hours, according to age.

Dr. M. R. Morden, Adrian, Mich.: In answer to Dr. Postlewait, in regard to a suitable remedy for constipation in infancy, I wish to attest my confidence in the pulvis glycyrrhizæ compositus for the same. It consists of :

R Senna..... } aa ʒ vj,
 Liquorice (powder)..... }
 Fennel..... } aa ʒ iij,
 Sulphur..... }
 Refined sugar..... ʒ xviiij.

May be given best in form of a thick tea, in one-quarter to one-half teaspoonful doses to infants, and to large children, aged persons and delicate adults in teaspoonful doses, once, twice or thrice daily, as may be needed. After 10 years' experience with its use I recommend it as being pleasant, safe and efficient. One dose at bed-time generally answers. I never knew of but one child that did not like it.

Dr. Wm. R. Smith, Sr., Cairo, Illinois, writes : From my own experience this winter, I think the constipation of the little patients, referred to by Dr. Postlewait, is caused by catarrh of the colon and rectum. Would advise him to give the following :

R Sodii phosphatis granulati..... ʒ ij,
 Ft. chart No. viij.

Sig. One powder in a tablespoonful of milk three times daily.—*Med. Age.*

Aloes Externally.—"If aloes be applied to an ulcer or excoriated surface, it will act as a brisk purgative, producing stools of the same kind, as if administered internally."—Warner. "One part tinct. of aloes and two of soap liniment rubbed for five or ten minutes daily over the abdomen of infants of habitual constipation very effectually keep the bowels open."—Merriman.—*Ex.*

Tannate of Cannabine.—A few months since M. Fronmuller presented tannate of cannabine as a very efficient medicament to induce sleep without any disagreeable after-effects. The dangers of the abuse of morphine are so great that any other agent capable of inducing similar hypnotic effects would be a veritable boon to the practitioner.

Mr. Hiller has experimented with the medicament, and has found that it gives good results, particularly in the milder forms of sleeplessness. Its effects are less marked in serious cases of delirium tremens, in mania and in subjects already habituated to narcotics. It may be ordered in powders:

R Tannate of cannabine..... gr. xv,
Sacch. alb..... gr. xx.
M. et divid. in cht. No. iv.

Sig. One or more at bed-time.—*Med. and Surg. Rep.*

Grindelia Robusta in Asthma.—

R Fl. ext. grindelia rab..... ʒj,
Fl. ext. yerba santa..... ʒss,
Simple syrup..... ʒss.

M. Sig. Take one teaspoonful of this every three or four hours during the day and oftener at night. He was relieved considerably very soon, and after continuing this for over a week I made him a prescription of—

R Fl. ext. grindelia rob..... ʒj,
Fl. ext. belladonna..... ʒij,
Iodide of potassium..... ʒij,
Simple syrup..... ʒj.

M. Sig. One-half teaspoonful every four hours, and to be increased if necessary.—*Thera. Gaz.*

Eczema.—Dr. Duhring's favorite prescriptions for eczema are:

R Carbolic acid..... }
Glycerine..... } aa fl. ʒ iv,
Alcohol..... }
Water..... } O j.

M. Wash the parts with this thoroughly, and then rub in well.

R Sulphur ointment..... }
Tar ointment..... } aa ʒss.
Mercury ammoniated ointment..... }

—*Medical Herald.*

Clergyman's Sore Throat.—Dr. Springstein, in the Medical Brief, recommends the following as a useful palliative, and, in some cases, a cure for this troublesome disease:

R Tinct. opii..... }
Tinct. sanguinariae..... } aa fl. ʒij,
Balsam tolu..... ʒij.

M. Sig. Twelve drops on a lump of sugar 3 or 4 times a day.
—*Boston Jour. Chem.*

Kalsomining Fluid.—Some of our readers may be interested about this season of the year in such information as is given in the following, which we clip from the Weekly Drug News and American Pharmacist, which commends it as a good kalsomining fluid for walls:

White glue.....	1 pound,
White zinc.....	10 pounds
Paris white.....	5 pounds,
Water.....	sufficient.

Soak the glue over night in three quarts of water, then add as much water again, and heat on a water-bath till the glue is dissolved. In another pail put the two powders and pour on hot water, stirring all the time, until the liquid appears like thick milk. Mingle the two liquids together, stir thoroughly, and apply to the walls with a whitewash brush.—*Med. Age.*

A New Invisible Ink.—A new method of making an invisible ink has been discovered, the ingredients of which are:

Linseed oil.....	1 part,
Ammonia water.....	20 parts,
Water.....	100 parts.

To use this ink the pen is dipped in the ink and the secret is written invisibly on paper. When the paper is dipped in water, and while it is wet, the secret can be read. As the paper dries the secret again disappears.—*Four. of Health.*

Treatment of Consumption by Causing them to Breathe an Antiseptic Atmosphere.—Schueler and Griefswald, found that animals rendered artificially tuberculous, were cured by being made to inhale vaporized creasote-water for lengthened periods of time. The opinion is rational, because by continued inhalation alone can the affected portions of the lung be so reached as to be benefitted by the medicine employed.—*Ex.*

A Palatable Cough Mixture.—The most elegant and palatable cough mixture ever prescribed by Dr. J. Milner Fothergill, is, he says, the following:

R Syr. scillæ.....	3 j,
Acid. hydrobromic dil.....	3 ss,
Spts. chloroform.....	3 ss,
Aquæ.....	3 j.

—*Medical Summary.*


Bleeding Piles.—

R Spec. tinct. hamamelis.....	3 i,
Spec. tinct. collinsoniæ.....	3 ss,
Spec. tinct. apocynum can.....	3 ij,
Syr. simp. q. s.,.....	3 iv.

M. Sig. Teaspoonful every four hours.—*Med. Brief.*



EDITORIALS AND MISCELLANEOUS.

 **MANY** of our subscribers are in arrears for subscription. Friends, let us hear from you at once, and oblige,

R. C. WORD, *Managing Editor.*

EDITORIAL NOTICES.

 Receipts for subscription will appear in our next.

THE CODE AT THE AMERICAN MEDICAL ASSOCIATION.—The Judicial Council of the Association required the members on registering to indicate their acceptance of the Code, thus eliminating from the discussions all trouble or disturbance upon the subject.

At a late meeting of the American Medical Association, a paper signed by Drs. Gross, Flint and Wendell Holmes was read, proposing to ask an appropriation from Congress to provide a fire-proof building for the Museum and Library of the Surgeon-General's office at Washington. The Association accordingly adopted a resolution asking \$10,000 for that purpose.

INEBRIATE ASYLUM.—The Georgia Legislature has now under consideration a bill for the establishment of an Inebriate Asylum in the State. This is in response to a memorial sent up by the State Medical Association. The prospect of the passage of the bill is regarded as very hopeful.

Such an Institution is certainly needed, and accords well with the growing interest of public sentiment in respect to the evils of intemperance and the necessity of legal interposition to suppress and remedy them.

AMERICAN SURGICAL ASSOCIATION.

This Association took a high stand upon the Code of Ethics at Cleveland, notifying their New York members that their resignation would be expected if they rejected the National Code. There are now one hundred members, which is the full number that can be received, under their constitution.

TRI-STATE MEDICAL ASSOCIATION.

In a note from the President we learn the ninth annual meeting of the Tri-State Medical Association will be held in Indianapolis, September 18th, 19th and 20th. The work is already far advanced, and the title of each paper should be sent in at once. Papers must not exceed 25 minutes. It is also the rule that each physician who registers must be a member of a local or State Society in good repute. All such are invited.

Notice of papers or cases to be presented may be sent to the chairman of the committee on programme, Dr. J. L. Thompson, Indianapolis; to the Secretary, Dr. G. W. Burton, Mitchell, Indiana, or to the President, Dr. Wm. Porter, St. Louis.

AMERICAN MEDICAL EDITORS.

The Association of American Medical Editors was held on June 5th, inst., at Cleveland, Ohio.

An interesting address was made by Dr. N. G. Davis, the president, on the present status and future tendencies of the medical profession, and of medical journalism.

Dr. Marcy made an address on "Journalism devoted to the protection and concentration of Medical and Surgical Science in Special Departments."

Dr. Leartus Conner, of Detroit, was elected President, and Dr. Thomas Gallagher, of Pittsburg, Vice-President.

Dr. J. V. Shoemaker, Secretary, for the ensuing year.

JOURNALISM AS A TEACHER.

Many centuries ago Bion (not Byron) wrote "Know thyself," and in this terse and laconic admonition, we are taught the importance of a thorough knowledge of both man's physical and psychological conditions—that the science of man is the greatest of all, for it is the science of the body, that home of the soul—of the material that will one day be remodeled and transfigured with the glory of the immaterial, undimmed through the cycles of never-ending ages.

It can no longer be said that the science of man lies shrouded in apathy, and is behind all other arts of the age. It is already aroused from its slumbers, and shaking from its robes the dust of centuries, steps to the front with a confidence and courage born of a truer and nobler emulation, and a consciousness of power to keep pace with other professional arts.

We repeat here that our progress in the profession largely depends upon our instructors in medical science and literature.

What we teach in medical schools, only reach a limited number under immediate educational supervision; but what we write and publish in our Journals will be, perhaps, disseminated throughout the medical world. As instructors in the editorial chair, we are regarded as the oracles of the profession. Not only the student of medicine, but the great mass of the profession, look to us for knowledge, counsel and guidance in the true and safe path they wish to tread. As medical editors, we must supply them with the wisdom that will make them wise in the revelations of successful, progressive medicine.

To do this, we must first have a thorough understanding of our position, and then labor to reach the great heights in the profession, so we may be fitted to lead those in the ranks up to the same lofty altitude. As one of the honored presidents of the American Medical Association has said, when we enlighten the professional readers, we develop in the minds of those who have passed the noviate of their studies, a desire for a higher and fuller attainment in their future profession.

And further: We can also awaken the country practitioners throughout the land to a sense of their equal responsibilities with those of cities in carrying on the work of advanced knowledge in medicine.

We must so educate the tone and thought of the professional masses that a physician will feel he has no right to claim the confidence of the people in his ability to treat disease, or to expect their support unless he is fully accomplished in the "protracted study and high requirements for the doctorate."

Let us have more valuable additions to Medicine and Surgery through our journalism, and more original, earnest and patient investigation of all the arts and sciences that come within our province; and above all, let us have a deeper study of nature's laws as adapted to the principles of medicine.

We can continually develop new facts bearing upon the structure, functions and diseases of the human body, and "every stone added to the temple of knowledge" will contribute to build a solid and enduring structure upon which the profession may rest in confidence and security.

The character of our journalism should be frank, courteous, instructive and communicative. If we learn or discover a truth that will benefit the profession, let us give it without reserve, as common property. We will then banish ungenerous feelings towards our professional brethren, and crush all petty jealousies that must, and that do, damage the progressive spirit of medicine, and that lower the dignity and high tone the editorial corps should always maintain.

Without unanimity of feeling, we cannot foster and facilitate frank and friendly intercourse, and without concert of action, we cannot impress upon the ranks of the profession a knowledge of the power there is in combined forces to bring about the change in the requirements for those attainments in medicine we so earnestly desire.

Let us also place a just estimate upon our medical schools. If they are worthy of eulogy—if they have a high character in all their features, let us give them our hearty commendation, and through our journalism place them before the profession in their true light and superior position. To encourage the emulation of this

high character in our institutions, we should condemn all dishonorable means employed to increase the number of students, and any methods that will give our medical colleges a false position.

The eyes of the profession are open, and the time is fast approaching when colleges will be estimated like individuals, by the old adage, "Show me with whom thou goest and I will tell thee what thou doest."

T. S. P.

Blue Ridge Springs, Virginia, July 16 1888.

MEDICAL CODES, ETC.

A great deal is now being said in relation to the Code of Ethics. That there is a growing disregard to the observance of the time-honored code of medical ethics, is plain to every observing man—a fact which we would fain believe is not attributable to any increased indifference to correct and honorable principles, or to any growing demoralization in the profession at large. It is due rather to the evasion of the Code by indirect methods on the part of many prominent teachers and specialists throughout the country, who advertise themselves by their writings circulated among the masses, and by procuring publicity through the public press of their remarkable operations.

To what extent this mode of advertising may be legitimately done, as in the plan of circulating reprints of medical articles from the journals, has been a subject of dispute, it being claimed that the writer who has the intelligence and the energy to get up a readable and practical article, is to be commended for his enterprise and is legitimately entitled to all the honor and benefits which may accrue to him from his labors in the field of medical progress and medical literature.

We admit the force and plausibility of this argument. Yet it is true that this, or the abuse of it is one of the factors which has weakened the respect and the hold which the Code has, in times past, exercised upon the men of moderate attainments and of ordinary position in the ranks of the profession.

Another and powerful factor, which is telling upon the Code is the utter ignorance of the non-professional public of the Science of Medicine—their want of appreciation of its great benefits to mankind, and of its need of protection and encouragement as against imposters and mountebanks; and of that universal license to all forms of quackery which seems to be incident to our free government and liberal institutions.

Statesmen and patriots of conservative views are constantly exclaiming against the reckless and dangerous latitudinarianism which may result to society from an over-free and unbridled democracy. The same dangers exist in respect to the learned professions, not excluding theology and the profession of medicine.

As to the remedy for these evils, there is little to hope from mere written codes or from legal enactments. Laws are of no avail as against a wide-spread and antagonistic public sentiment. We can only look to increased educational and moral development of the whole people. And in this the medical journalism of the country holds an important and highly responsible position. Equally and perhaps more important to the promotion of this great reform is the work of our medical colleges, —a higher order of medical education, not only in respect to medical training, but especially in respect to honor, to truth and to the highest moral rectitude.

In this great work which can only be conducted by the slow yet persistent and persevering inculcation of correct principles, it is essentially important that the non-professional public should, in some way, be reached, and herein is the greatest difficulty to be encountered.

Now that the American Medical Association is to have a special organ for the publication of its transactions, can there not be a supplemental or separate department gotten out for the non-professional reader, designed and conducted with the view of educating the masses in regard to the great evils of quackery, to the importance of sustaining legitimate medicine, and to the obligations of the public to the medical profession? Of course it could not, at once, be hoped to extend these instructions to the masses, but it would perhaps not be impracticable to reach many of the more intelligent and influential class of readers, especially the members of the legal profession and the clergy who, by their testimonials to patent nostrums, and their patronage to all forms of charlatanism, have done more to disparage legitimate medicine and to sustain quackery than all other classes combined.

W.

THE AMERICAN MEDICAL ASSOCIATION—THE CODE.

At the American Medical Association a paper was read from the St. Louis Medical Society asking for the appointment of a committee to take into consideration a revision of the Code and report at the session of 1884—the committee to be authorized to submit a New Code. The resolution was promptly laid on the table by a decided majority.

The officers of the American Medical Association for the present year are as follows: Austin Flint, Sr., President. R. A. Kinlock, of South Carolina, 1st Vice-President; T. B. Lester, of Missouri, 2d Vice-President; A. L. Gihon, U. S. N., 3d Vice-President; S. C. Gordon, of Maine, 4th Vice-President; D. W. Prentiss, of Washington, Secretary; R. J. Dungsion, Philadelphia, Treasurer; C. H. Kleinschmidt, Washington, D. C., Librarian.

The next meeting of the Association will be in Washington, D. C., the first Tuesday in May, 1884.

CHOLERA.

There is reason to apprehend a visitation of cholera to this country at no distant period. It is now prevailing in Egypt. A writer in *Pall Mall Gazette*, Dr. B. G. Jenkins—(*New York Med. Record*). "Dr. Jenkins, who professes to have made a study of cholera, maintains that there are two forms of the disease, one originating in India, and the other in Arabia. It is the Arabian variety, he asserts, that has always heretofore overrun western Europe, and the present outbreak in Egypt is more readily traced to Mecca than to the Ganges. His inference is, that before the close of the year cholera will be raging in every quarter of the globe. Without accepting Dr. Jenkins' theories, the part of wisdom may nevertheless lie in acting as if they were proved.

"Another element of danger is to be found in the fact that an independent focus of infection has come to light. We refer to the prevalence of the disease at Shanghai and Swatow. In view of this fact, the health officers of Atlantic ports will have to keep watch of pretty much our whole commerce, instead of concentrating their attention upon vessels arriving from the Mediterranean, and the authorities on the Pacific coast must share their vigilance."

PAMPHLETS RECEIVED.

THE Cornell University Register, for 1882 and 1883.

ONTARIO MEDICAL ASSOCIATION.—Report of the committee on Ophthalmology, 1882.

HANDBOOK of Medical Electricity with a description of a new medical battery, by A. M. Rosebrugh, M. D., Surgeon to the Toronto Eye and Ear Dispensary; Member of the International Ophthalmological and Otological Societies, etc., etc.

PEMPHIGUS, and the diseases liable to be mistaken for it, by George H. Rohe, M. D., Professor of Hygiene and Clinical Dermatology, College of Physicians and Surgeons, Baltimore; Member of the American Dermatological Association, etc.

HINTS on the treatment of some Parasitic Skin Diseases, by George H. Rohe, M. D., Professor of Hygiene and Clinical Dermatology, College of Physicians and Surgeons, Baltimore; Member of the American Dermatological Association, etc.

OFFICERS, Rules and Schedule of Premiums of the Virginia State Agricultural Society for the twenty-third Annual Fair, on October 31 and November 1 and 2, 1883, at the Fair grounds, Richmond.

THE Treatment of the various forms of Acne, by George H. Rohe, M. D., Professor of Hygiene and Clinical Dermatology, College of Physicians and Surgeons, Baltimore; Member of the American Dermatological Association; of the American Public Health Association, etc.

BOOK NOTICES.

UNITED STATES DISPENSATORY. Handsomely bound in one volume. Royal 8 vo, Sheep. Price, \$8.00. Carefully revised and rewritten, by Horatio C. Wood, M. D., Prof. of Materia Medica and Therapeutics in the University of Pennsylvania; and Joseph P. Remington, Ph. D., Prof. of Theory and Practice of Pharmacy, in the Philadelphia College of Pharmacy, etc., and Samuel Sadtler, F. C. S., Ph. D., Prof. of Chemistry in Philadelphia College of Pharmacy and University of Pennsylvania.

This is the fifteenth edition of the old popular Dispensatory, well and favorably known to every Doctor and every Druggist in the United States. No other work is so full, complete and satisfactory, and now we have it brought fully up to all the advances in Materia Medica and Pharmacy. Every Physician and every Druggist should have this great work. It is published by J. B. Lippincott, 715 Market street, Philadelphia.

SPECIAL NOTICES.

Very Handy.—A full set of Ahl's Splints, containing a splint adapted to every fracture in the body can be bought at A. L. HERNSTEIN's Surgical Instrument Depot in Atlanta at reduced rates, (\$25). Address,

A. L. HERNSTEIN, Atlanta, Ga.

Diabetes.—The attention of the profession is called to a new remedy for the successful treatment and permanent cure of Diabetes Mellitus, *GILLIFORD'S SOLUTION OF ARSENITE OF BROMINE*. This remedy has also proved very useful in the treatment of a variety of nervous affections. Manufactured and sold by R. H. GILLIFORD, M. D., Allegheny, Pennsylvania. In $\frac{1}{2}$ -pint bottles, \$1.00 per bottle, \$10.00 per dozen. Sent by express on receipt of price. Sample free to physicians. July, 1888-12 ms.

Surgical Instruments.—A branch house of the New York establishment of A. L. HERNSTEIN, has been established in Atlanta, and will constitute a convenient depot whereat anything in the Surgical line can be bought or manufactured. The Profession throughout the South should note this as an important indication of Southern progress, and should show their appreciation of the same by giving this establishment their encouragement and patronage.

McKESSON & ROBBINS.—This great Drug Establishment of New York, has a wide and long established reputation as reliable and eminently successful business men. Their various preparations are of acknowledged excellence and purity, and are unexcelled for the neatness, taste and beauty with which they are presented to the trade. See their advertisement opposite 1st page of reading matter in this Journal.

More of **ELLIOTT'S SADDLE BAGS** are sold than all other patterns combined. One thousand have been shipped to different parts of the country since January 1st. The proprietor invites a thorough investigation and comparison of every Bag in the market. The U. S. Government did this in 1879, and adopted the ELLIOTT. Doctors that do the same thing get the standard article. Send for circular to A. A. MELLIER, 709 Washington Avenue, St. Louis, Mo.

PEARCE, DAVIS & CO.—This magnificent Drug establishment, located at Detroit, Mich., have, by unremitting perseverance and faithfulness in all their business interests, obtained the confidence and good will of the medical profession throughout the entire country. They have accomplished much for the progress of Medical Science and largely benefitted mankind by the introduction of new and important Drugs. They are entitled to the thanks of the Profession, and justly deserve the high reputation to which they have attained.

Wm. R. Warner & Co.—This splendid Drug House, so widely and favorably known, both to the home and foreign trade, continue to maintain their high position. Their preparations are regarded by the profession everywhere as unsurpassed for purity and elegance. In respect to their quinine pills, so deservedly popular, the following certificate has been published:

PHILADELPHIA, PENN., December 22, 1882.

An analysis of seven samples of Quinine Pills, obtained without knowledge of the manufacturers, was made and published in the American Journal of Pharmacy by me, and those made by William R. Warner & Co., were found to be correct as to quantity and purity of Quinine.

HENRY TRIMBLE, *Analytical Chemist.*

Purchasing Agency.—We have established a Purchasing Agency in connection with the RECORD office, by which parties desiring goods of any kind may order through us what they want, which they can obtain at lowest rates and save the expense of a trip to the city. Strict attention to the interest of the purchaser will be observed in the selection of articles. Subscribers to this Journal will be charged no commission for purchases made through this Agency. Cash should accompany every order. Address,

Dr. R. C. WORD, Managing Editor, Atlanta.

T H E

Southern Medical Record:

EDITORS:

T. S. POWELL, M.D. W. T. GOLDSMITH, M.D. R. C. WORD, M.D.

R. C. WORD, M.D., Managing Editor.

~~ALL~~ All Communications and Letters on Business connected with the RECORD must be addressed to the Managing Editor.

VOL. XIII. ATLANTA, GA., AUGUST 20, 1883. No. 8.

ORIGINAL AND SELECTED ARTICLES.

HEMORRHAGIC MALARIAL FEVER.

BY E. H. M. PARHAM, M. D., OF ARKANSAS.

In the February number of the SOUTHERN MEDICAL RECORD, page 65, I saw the treatment of hemorrhagic malarial fever, reported by Dr. Joiner, of Andersonville, Ga., taken from the Southern Practitioner, in which he recommends hot water as one of the leading therapeutic agents in the treatment of that dreadful disease. I have not tried it, but believe that it might be attended with some advantage, as the skin and kidneys are the chief organs through which we may expect to relieve the system from the malarial poison already existing; but why the learned Dr. should entertain fears of the free use of calomel, as expressed in that article, I cannot see, as it is well known to be the most potent remedy we have to correct morbid secretion; one of the chief factors in the development of that disease, yet he used one grain per diem, and well he did; as I have not the least doubt but that the calomel and hot water prevented fatal consequences from the free use of quinine. He also said that he had lost confidence in quinine. Yet he ordered 40 grains to prevent an expected chill that evening. I will here remark, from abundant experience, that had the Dr. used the calomel every 4 hours, and omitted quinine altogether, that he would have had the pleasure of seeing his patient convalescent in a much shorter time.

It will be remembered by the readers of the SOUTHERN MEDICAL RECORD, that I reported a case of hemorrhagic fever in 1881, published in the February number of that year. Since that time I have treated many cases, without losing a single one. My special and distinguished friend, Dr. J. K. Hodge, of Princeton, Ark., informed me a short time since, that he had never lost but one case since he adopted the plan of treatment set forth in that article; he first suggested the tincture of the muriate of iron, when ergot could not be used. Dr. Hodge saw the case he lost too late to expect any benefit from medicine, as the case was neglected, and did not live 24 hours from the time of his first visit. I know that Dr. Hodge has treated many cases, and has published his views at length in the Medical Brief, published in St. Louis, Mo., which I fully endorse, although I have not seen it. I obtained the principles set forth in that article from him personally.

It seems to me that it will be well here to give some of the most prominent symptoms by which the above-named disease may be known: It usually appears in subjects that have had repeated attacks of chills, and who have taken quinine alone to break up the paroxysms without paying any attention to the secretions, until constant lassitude with indisposition, and in fact, inability to exercise; the skin now begins to assume a jaundiced appearance, and suddenly the subject is taken with severe rigors, succeeded by fever with a depressed circulation, constant sick stomach, and frequent vomiting; the jaundiced appearance of the skin now increases rapidly in intensity, and thirst is indomitable, and often pure blood discharged every two or three hours from the kidneys. I recollect one case last fall that constant delirium, in addition to the above symptoms, attended, which case made a good and speedy recovery under the treatment which I intend to repeat in this article. Let it be remembered that this is a continued fever and will be speedily fatal if not controlled; I have never seen a case that there was any intermission, therefore I claim that quinine is not indicated, except to neutralize the poison already in the system, which it utterly failed to accomplish. I have repeatedly known the administration of 5 to 10 grains to be followed in an hour with severe rigors, and stop the administration of quinine and we would have no more rigors. The indications to be met are clearly: 1st. To arrest the hemorrhage; 2d. Correct morbid secretion; 3d. Remove renal congestion; 4th, to restore the secretion of bile to its proper channel; and, 5th, also to eliminate from the blood the effete substances already contained therein; the nausea will take care of itself as soon as the cause is removed, and by meeting the above in-

indications the removal of that cause will quietly and surely be accomplished. To meet the 1st indication I give fluid extract of ergot or tincture of the muriate of iron every 4 hours in 10 drop doses, to be given with some diaretic, (I prefer the infusion of buchu leaves) which will meet the 3d indication; and for the 2d and 4th I give one grain of calomel with 3 or 4 grains of Dover's powder every 4 hours, to be given alternately with the ergot or tincture of iron; to meet the 5th and last indication, I give as above directed the infusion of buchu leaves to promote the action of the kidneys and Dover's powder as a diaphoretic.

In one aggravated case last fall, I gave a few doses of tannic acid, I thought perhaps, with some benefit; at least the patient made a good and speedy recovery. This case had profuse hemorrhage from the stomach, bowels and kidneys; I give calomel until the liver begins to throw off bile and symptoms improve. I seldom find it necessary to salivate; I always blister over the liver and stomach, in severe cases, and I think with advantage. Laxatives should be used with caution, as the bowels, when started, are disposed to act too much, and this disease is always attended with great prostration. I prefer mild enemata when an action can be obtained by them.

Absolute quietude should be observed in every case, and the stomach should not be disturbed with any medicine, unless clearly indicated; as those named above. I allow such light and easily digestible articles of diet as the patient's appetite, in each case, seems to call for.

I have written this article hastily, without regard to logic or a desire for notoriety. I am too old for that; but am actuated only by philanthropy, and believe that I am justified in saying that if this is given a thorough trial that it will be universally adopted by the medical fraternity, and that it will save annually the lives of hundreds and perhaps thousands of the good citizens of this country. It might be said that I am speaking extravagantly, but I know that it is no more than the importance of the case demands. I hope that you will find space in your very valuable Journal for its publication.

Flatulence.—In flatulence, Dr. Bruen [Phila. Hosp.] prescribes a pill containing five grains of bicarbonate of soda and five drops of oil of eucalyptus two hours after meals. Pepsin or pancreatin with milk food, and the mineral acids with meats, should be directed to be taken immediately after meals.—*South. Clinic.*

UREMIA?

BY J. H. LOW, M. D., OF NEW YORK.

The difficulties arising in forming a correct diagnosis, and some concomitant accompanying circumstances attending a case that I was called to a few days ago, in company with Dr. Birkins, of this city, induces me to think, after our close investigation, may be of some interest to your numerous readers, more particularly in our arriving at a satisfactory diagnosis so difficult for us to determine.

Mrs. W., resident near Fifth avenue, in this city, aged 80 years and five months, was seen first by Dr. Birkins, on the 16th of July at 3:40 p. m., complained of intense pain in the head and back, had had a short while previous to the Doctor's arrival a convulsion, and a short while after his arrival was seized with another convulsion, which she seemed not to rally from, and which ended in stupor.

At this time I first saw the patient. Her breathing was stertorous and heavy; her eyes partly opened but immovable, and insensible, one pupil contracted; circulation at radial artery full and about 90. I endeavored to arouse her by vigorous means, but failed in all my attempts, she appearing to be almost insensible. I supposed at first that she was laboring under the effect of some narcotic poison taken by accident or from suicidal motives (as there seems to be now prevailing a suicidal mania) but I was informed by the family that that was impossible as she had no chance of procuring opium or any poison. Being unable to administer remedies only by injection, we threw brandy and water into the rectum, applied sinapisms, etc., and at 10:25 a. m., on the 17th, we gave her a hypodermic injection of Magruder's solution of morphia of x drops. None of our efforts seemed to have the slightest effect. She gradually passed from the stupor to a deep-seated coma from which she never rallied, and died on the 19th of July.

Profuse diaphoresis obtained throughout the entire period of coma:

TEMPERATURE.	PULSE.	RESPIRATION.	TIME.
On the 17th.			
99½	86	40	1:20 A. M..
98½	84	40	2:15 A. M.
98½	84	38	3:15 A. M..
98½	84	38	4:15 A. M.
98¾	86	38	5:15 A. M.
98½	86	38	9:30 A. M..

After this there was no radial pulse perceptible. The axillary temperature, as a rule, was 2° higher than the ovum, and in the right axilla the temperature was 95° , in the left $99\frac{1}{2}^{\circ}$.

I proposed the application of electricity, but Dr. Birkins was fearful it might result, owing to her age and condition, in the rupture of some blood-vessel, so that was abandoned.

We tested her urine thoroughly and found a large quantity of albumen, and there was also a deposit of tube casts and epithelium.

We arrived at the following conclusions: Cause of death—Uræmia acute, developed in chronic Bright's disease, producing convulsions, stupor, coma and death.

Contributing causes: Old age, broken thigh and ulcer of six years standing.

NEW YORK MEDICAL AND SURGICAL SOCIETY.

A stated meeting was held February 10, 1883, Dr. T. Gaillard Thomas, president, in the chair.

RENAL CALCULUS.—Dr. H. F. Walker related a case as follows: The patient was a man, about forty-eight years of age, who had suffered periodically for at least ten years with attacks of pain in the left side in the region of the kidney, extending down toward the bladder, and with other symptoms of renal calculus. No calculus, however, had been passed in the urine. The attacks were preceded for two or three days by premonitory symptoms. Various kinds of treatment had been resorted to without much benefit. The last remedy administered was the fluid extract of hydrangea, in doses of a teaspoonful three times daily. After this had been taken for about two or three months the patient suffered from a specially severe attack of renal colic, which lasted for three days, being longer than ordinary, and the pain extended farther down the line of the ureter than usual. There was also nausea and vomiting. The attack was followed by the passage of a calculus about one-third the size of a Java coffee-bean, and the patient had since experienced complete relief. In reply to a question by Dr. Post, Dr. Walker said that hydrangea was moderately diuretic. He was led to use it in this case by an article in the Medical Record, in which the writer stated that it was almost a specific for renal calculi.

The President remarked that he had at present two cases of supposed renal calculus under observation in which he intended to administer hydrangea as a possible means of diagnosis. The first patient, the wife of a physician, had been seen by a specialist in genito-urinary diseases, who had sent her to him on account of a tumor which was perceptible on palpation over the abdominal walls. She had been taken very suddenly with violent pain in the back, which extended down the course of the ureter and the crural

nerve. Soon afterward the urine became bloody, and contained a large amount of pus and epithelium from the pelvis of the kidney and the ureter. There were no tube casts. At the time of the occurrence of this sudden attack of pain the patient, or her husband, upon passing the hand over the abdomen, discovered a tumor. The tumor was quite distinct when Dr. Thomas saw the patient, but it was only perceptible in the sitting posture, a fact which he had observed in certain cases of displaced kidney. The presence of blood in the urine in considerable quantity suggested cancer of the kidney, but, as the disease had lasted for two years, and the patient was healthy-looking and growing stouter as the disease advanced, he thought malignant disease could be excluded. The affection in the second case had also lasted a long time, and gave a similar history.

Dr. A. C. Post remarked that a stone which had remained in the pelvis of the kidney for some time was usually too large to pass through the ureter.

The President remarked that it was astonishing how long a calculus might remain in the pelvis of the kidney for an indefinite period without giving rise to symptoms. Recently a physician, who died apparently with no other symptoms than gradual wasting away, was found at the autopsy to have a calculus in the pelvis of the kidney as long as the thumb, twice as large, and of the shape of an elephant.

Dr. Abram Dubois remarked that a man once brought to his office a handful of stones, some as large as the end of his finger, and stated that he had often passed them in his urine, and had not suffered in the least.

Dr. A. B. Ball reported further on the case of blood extravasation in the calf of the leg, narrated at a recent meeting of the society. He and Dr. Sands, who saw the case in consultation, had told the patient that the tumor would probably disappear within two weeks, and she would entirely recover. It had now been six weeks, and the patient had just got out of bed for the first time. The blood clot was probably more deeply situated than had been supposed, and, after having become hardened, was slowly undergoing absorption.

TORTICOLLIS.—Dr. Post stated that several years ago he reported a case of torticollis in which he divided the sterno-cleidomastoid muscle by an open incision, division of the main bands of the muscle being followed by scarcely any relief whatever; the knife was then introduced more deeply, and the last layer of the muscle cut, with the effect of complete and permanent relief. He recently had a similar case in a girl who had suffered from torticollis in a marked degree from early infancy.

The President then read a paper on Intra-uterine Injections in the Treatment of Puerperal Septicæmia.

COMPLETE DESTRUCTION OF THE KIDNEY BY CANCEROUS DISEASE; REMOVAL.—The other case to which the President would call attention was that of a patient residing in Connecticut, who gave the following history: She was a married woman, fifty years

of age, the mother of six or seven children. She stated that he had attended her twenty-five years ago with Dr. Metcalfe, and that seven years ago she had called at his office on account of a tumor situated on one side of the pelvis, and that he examined it and told her it was a fibrous tumor of the uterus. She had watched the tumor during these seven years, and it gave her no trouble until three months ago. It then began to increase in size, and continued to grow until it filled one-half of the abdominal cavity. The patient emaciated and lost strength, and had not been able to leave her bed during the last three months. Great doubt had been entertained by the physicians who had seen her with regard to the character of the tumor. An aspirator-needle had been passed, but no fluid was withdrawn. Dr. Thomas found, upon examination, that the tumor was of large size, and he was unable to determine whether it was ovarian or whether it was uterine. If it were uterine, it was probably the original fibroid tumor which, according to the patient's statement, he had diagnosticated some years previously, and which had since taken on the character of a sarcoma. As the patient would certainly die within a short time if an operation were not performed, he proceeded to remove the tumor eleven days ago. The moment the abdominal cavity was opened he recognized the fact that the tumor could not be ovarian, for the intestines lay in front of it. The uterus was also found to be entirely disconnected with the tumor. The tumor was evidently deeply situated behind the intestines, and fastened by adhesions, but he was unable, after repeated trials, turning the patient from side to side, to remove the intestines from its surface. The gentlemen present were consulted with regard to the propriety of closing the abdominal wound and abandoning the operation, but the general feeling was that if this were done the patient was doomed to certain death, and, although it was highly probable that death would take place after the removal of the tumor, it was thought better to give the patient the chances of the operation. He then cut through the mesocolon with the scissors, passed the hand down upon the tumor, gradually swept it upward, came upon the pedicle, which he ligated, and removed the tumor as quickly as possible, the condition of the patient now being very unfavorable. At that time he felt satisfied that the tumor was the kidney. The condition of the patient did not allow of time to search for the other kidney. The cavity was cleaned out, the opening closed, a large drainage-tube inserted, and the patient put to bed.

The specimen had been examined microscopically by Dr. Welch, who reported that the mass was composed of cancerous material, but he was unable to determine to what organ it belonged. He could only make out the renal capsule, which was also involved in the disease. Dr. Thomas felt certain, however, that the mass, which weighed six pounds, involved the kidney.

The stitches were removed on the ninth day. The patient did very well for forty-eight hours. She then became noisy, delirious, and at the end of fifty-six hours she was quite delirious, behaving very much like a person suffering from a low grade of puerperal mania. The pulse was between 130 and 135 before the operation;

it had now fallen below 120. The urine had been secreted in amount from 24 to 26 ounces every day. There had been no tendency to suppuration, and no peritonitis, but there had evidently been some septicæmic action, the temperature having kept up to 102 and 103, and to-day was 101.6. It had at no time gone above 103. The patient would probably recover from the operation.

Discussion on Dr. Thomas's paper being in order, Dr. J. W. McLane said that his experience with washing out the uterus had been that, in those cases in which the absorption of the septic material had evidently taken place from within the uterus, the temperature could be reduced by injections into the cavity. But in some cases, undoubtedly septicæmic in character, the rapidity of the absorption was very great; a general peritonitis was set up, which would seem, at the post-mortem examination, to have been the only affection from which the patient had suffered. The question arose in his mind whether washing out the uterus under such circumstances would save the life of the patient.

The President thought that such cases would probably terminate fatally, whether the uterus were washed out or not; that it was then too late for treatment. His experience had been that the sooner the injections were begun in a case of puerperal fever the more successful would be the result.

Dr. G. G. Wheelock remarked that he had seen metro-peritonitis treated by washing out the uterine cavity with the result of not reducing the temperature in the least. The diagnosis had been confirmed by a post-mortem examination.

Dr. Walker remarked that he had made use of uterine injections a great deal, both in private and hospital practice, and had produced much benefit with them, especially in cases of threatening septicæmia.

The President remarked that Dr. Jones published a case several years ago, in which the injections were begun after the temperature had reached 107° and 108°, and the patient recovered.

Dr. Walker remarked that he had published a case in which the temperature rose to 108°, and injections were continued for six weeks before the patient fully recovered. He did not think we should always expect to find an external lesion which would account for the absorption of septic material; he believed that it took place more frequently from the inner surface.

The President referred to a case to which Dr. J. B. Hunter was called in consultation in a neighboring city about eleven days ago. The patient had been delivered five weeks previously, and was suffering from septicæmia with a temperature of 103.5°, the pulse 120. Her family physician, who was a competent man, and several others, had given up all hopes of saving the patient's life. When Dr. Hunter saw her he proposed to wash out the uterus, but was met with the most stubborn opposition. Obtaining the husband's consent, however, he proceeded to make the injections, and in less than twelve hours the temperature and the pulse fell, and the patient was greatly relieved. The treatment was still being continued. In reply to a question by Dr. McBurney, the

President said the strength of the solution which he used at the present time was $2\frac{1}{2}$ per cent.

Dr. Wheelock remarked that at the Nursery and Child's Hospital, when the temperature rose to 103° , and there was a discharge of foul odor, uterine injections were used, and always with the most favorable results.

Dr. J. G. Curtis asked whether the cause of the entrance of air into the circulation in the cases which had been reported could, in every case, be traced directly to the introduction of the catheter into a uterine sinus.—*N. Y. Med. Record.*

CHOLERA. WHAT IS IT?

BY PROF. T. S. BELL, M.D.

This potential word exercises a very strange power over the human mind. Nations stand affrighted at the utterance of the word. The lessons of experience are forgotten, the indubitable facts upon which all truth stands become nugatory in the frenzied excitement of the mind, and people fail to treasure up observations that would prove valuable if brought into action at the proper time. To recall the lessons of history, to teach the records of nature, to show that when she is heeded her revelations are always beneficent, and when neglected that she exacts a fearful penalty, is the object of this paper. There can be no motive to utter aught but the truth, the whole truth and nothing but the truth. He that is indifferent to these requirements is unworthy of any place in society or any position in the ranks of the medical profession. The office of that profession is to allay unnecessary fears, to calm the public mind, and to conduct it into avenues of safety and to preserve it in health.

Cholera is always a manifestation of a local condition inimical to health and safety. It never showed itself in any spot on the face of the earth except in obedience to this local condition, and wherever the condition exists, no matter where, the disease will infallibly manifest itself. Why did cholera manifest itself in the army of the Marquis of Hastings in 1817? Because it was encamped on the marshy banks of Scind, in tropical weather, where vegetable decomposition was in a fit condition to produce the fatal poison. The pestilence was fearful in that portion of the army near the focal point; that portion of the army encamped away from the river was perfectly healthy, and remained in that condition. The army was ordered to leave the seat of pestilence, and was marched to the hills, where the pestilence ceased. It could be tracked by the skeletons it dropped in its journey to the hills. When the army was in reach of the cause the pestilence raged fearfully; when it reached the hills, there being no cause for pestilence there, sickness ceased, thus vindicating the fact that the intelligent authorities knew the nature of that cause, which, when present, caused the havoc, which, when modified, modified the disease, and which, when absent, prevented its ravages. If, with

the eyes of our reason, we were to survey all such outbreaks, we should invariably find the local circumstances that cause them.

Dr. Farr, the Registrar-General of England, looked upon the developments of the disease over a wide-spread area. He looked with the eyes of a philosophic master. He observed with the desire to find the truth, and he endeavored to proclaim that truth with all the clearness in which it presented itself to him. He said, "Cholera is a health inspector whose decrees are infallible, whose requirements are inexorable."

Professor Charles Caldwell, whose medical sagacity was often almost intuitive, said, "Cholera, though a fatal scourge to the world, will, through the wise and beneficent dispensation under which we live, be productive of consequences favorable alike to science and humanity. Besides being instrumental in throwing much light on the practice of physic, it will prove highly influential in extinguishing the belief in pestilential contagion and bringing into disrepute the quarantine and sanitary establishments that have hitherto existed."

There are occasionally gleams of hope in the utterances of leading members of the medical profession that foolish chimeras, jejune statements and inanities on the great scourge of the world will cease their warfare against reason, fact and truth, and permit a ripened, clear and matured judgment to exercise its sway over this vital matter of public concern.

In 1848 the British and Foreign Medical Review contained an able and philosophical examination of an immense number of facts connected with the features of cholera, as displayed over a vast extent of the earth's surface. After reviewing these facts the writer closes with these consolatory reflections: "The true philosophy of medicine is the knowledge of the causes of disease, or, if these causes be too subtle and refined for our gross senses, it is the knowledge of the several cenditions, external or internal to the body, which give those causes power. In the future history of medicine we shall see men returning to the principles promulgated by its earliest founders. They will perceive that the treatment of the fully formed disease is, at the same time, the most difficult and the least useful part of this noble profession. They will learn to arrest the evil at the fountain-head, and not to dam the current swollen by a thousand tributaries. And if the principles which we have analyzed in this article be correct, it will not be the least triumph of this philosophy that it has indicated the true mode in which the great epidemic of our time can be most easily and most effectually controlled. It bars out the disease, not with quarantines and cordon sanitaires, but with a cleanly people and uncontaminated air. *The evil which springs from the bosom of Nature only needs for its removal an observance of the rules which Nature herself reveals.*" The italics are ours.

There are a vast number of prelections upon the contaminations of drinking-water as the cause of enteric fever, contaminations which even the mighty powers of the earth cannot remove, according to the assertions of some of the whimsical philosophers who advocate the guess-work involved. But if drinking-water

thus becomes contaminated, why may not the air become impure by admixtures of noxious agents? We know that these noxious agents do thus act, because we have many records of men who undertook to plow fields in hot weather—and slept in these fields—every one of whom was found dead next morning. Occurrences similar to this have often taken place in the Campagni di Roma. In that region of verdure called the Maremme di Lucca, in Tuscany, extending from Florence to the shores of the Mediterranean, we know that for centuries the inhabitants never lived at home from the first of July until October, sometimes November, with their frosts put an end to the reign of the poison. The evil has ceased, through the control exercised by an exact knowledge of the character of the conditions from which the poison derived its potency. We shall recur to this again while on this subject.

I am often asked whether certain cases of cholera are instances of the Asiatic variety. I answer, no; they are home-productions, precisely as cases of intermittent fever are. Asia produces intermittent fever analogous to our forms of the fever. The cases which occur in Asia are Asiatic; those that take place in this country are home-productions, or cases of American intermittent fever. The two forms are precisely alike in origin, paroxysms and termination. In a similar way those cases of cholera that occur in Asia are Asiatic; those which we have in America are cases of American cholera. The features of the one are alike in everything to those in the other. In Asia some cases die in an hour after the first symptom shows itself; such cases occur here. In Asia many fatal cases have neither vomiting nor purging; many such cases have been seen here. In all attacks of cholera in Asia there is a total suppression of every secretion, of every nutritive force, of everything like the circulation of the blood. These are equivalent to death. Precisely similar phenomena are found in every endemic of cholera in Louisville. In these conditions of the forces of animal life, in the cases that appear in Asia, the brain towers aloft serenely, and is often mischievous in its trickery. It is often astonishing, when the flitting shadows of life are about sinking from view, to see the calm, self-possessed, clear and active state of the mind in choleraic patients. That which is the rule in Asiatic cases is equally present in Louisville attacks. There is not a single sign of the disease in Asia that is not conspicuous in the seizures in Louisville. There is not the shadow of difference in the character of the attacks, whether one set are in Asia and the other are in Louisville. An attack of intermittent fever is precisely the same as an attack of that disease in Louisville. Why should one be called Bothnia fever, the other Louisville fever?

In Asia there are large regions among the places devastated with cholera that have never had a case of the disease in them. One village may be severely visited one season; another village in the immediate vicinity of it, having intimate intercourse with the afflicted one, has never had a case of disease among its inhabitants. That is precisely the history of the disease in the United States. How is it that Sundee in the sunderbunds along the Bay of Ben-

gal always escaped from cholera, while the ravages around it were dreadful? The escape was not due to the want of intercourse.

Kristofsky, near St. Petersburg, was perfectly free from the disease, while St. Petersburg was severely ravaged, and there was constant intercourse between the two places. Vienna suffered severely from cholera; it raged around the Faubourg Leopoldstadt at Vienna, but this Faubourg escaped. The intercourse between this and the ravaged parts of Vienna was constant.

In 1833, Lexington, Kentucky, was very severely ravaged with cholera—more than one-half the population of Lexington fled from it. They did not carry the disease nor spread it. The intercourse between Lexington and Versailles was very intimate, daily interchanges of visits took place, but there was not a case in Versailles.

Then, again, "The testimony is conclusive that the German villages of Galicia have always been spared; this exemption is due to their cleanliness, but many places around these villages that were known for their insanitary condition the disease ravaged severely. The town of Sarepta, noted for its thorough cleanliness, has always escaped a visitation of cholera, while neighboring places, not conspicuous for cleanliness, suffered from its fatal ravages.

In Hindostan the natives universally noticed that villages very unhealthy and exposed to the exhalations from marshes, rivers and lakes, were sure to suffer; while other places in different conditions entirely escaped. Mr. Jameson, who gathered these facts on a large scale, had his attention called to this feature by noticing the towns of Muttra and Agra. Muttra, (often spelled Mathura) is a very filthy, crowded town. Although it was forty miles nearer the line of cholera than Agra, the latter being dry and airy, Muttra was fatally assailed while Agra was scarcely touched. Jameson says these facts are true about the whole of India. It was often noticed in India that the wives of soldiers, twenty-three out of one hundred and fifty-nine dying with cholera, while among forty-two ladies in the barracks there was not a single case. These then are the testimonies of India on this subject. Surely those who are affected with an Asiatic mania, whenever cholera is mentioned can afford to listen to these potent voices from Asia.

Before leaving Asia I beg leave to call attention to important facts connected with a celebrated spot in India. It has important features that are very instructive, and to which we cannot give too much heed. In the midst of an immense granitic plain an immense granite rock shoots up five hundred feet. Upon the summit of this rock the British determined to erect a fort, because of its commanding position. There were no springs nor streams there to supply it with water. The engineers had capacious cisterns cut in the granite, and relied upon rain-water for the garrison. The fort was called Fort Bellary. It soon became notorious for the ravages of cholera. It is the only place in the world that was known to have cholera annually. It was very fatal. The garrison was composed of infantry, cavalry and artillery, and the hill-sides were well covered with the graves of these members of

the force. It was noticed that while cholera ravaged the fort annually, no case had ever occurred in the Bazar in the plain near the foot of the hill.

When McGregor became Medical Director of the British forces in India, he determined to make a personal inspection of Fort Bellary. It was high time that some one should do this. He went to the scene of these annual ravages, and speedily unveiled the mystery. He found immense masses of decaying vegetable matter about the water-tanks, where the horses were fed and watered. He ordered the immediate removal of this mass, and provided for thorough drainage so as to cut off the supply of moisture. He instituted proper measures for feeding and watering the animals, and required that due attention should be paid to daily cleanliness. From that time down to the present, through a period of over thirty years, there has never been a case of cholera at Fort Bellary. In all cases, if we change a place, that has had cholera, into the exact similitude of a place that never had a case, we acquit ourselves of a public duty under the guidance of a supreme wisdom, and we then feel that our labors are not in vain. Since Medical Director McGregor performed this duty at Fort Bellary, no mortal has ever been able to make cholera "travel" to Fort Bellary, nor to "travel" from it. McGregor struck it a deadly blow, and at Fort Bellary it has been a nonentity ever since. This was a medical duty recognized and effectively performed.

The question naturally springs up and demands an answer—Have such results followed similar labors elsewhere besides Fort Bellary? We do not know an instance to the contrary. We have been intimate with such scenes for nearly fifty-one years, and in that extensive experience we have never known a spot visited by cholera, the condition of which was so changed as to resemble places that never had a case of the disease, in which it ever appeared again. There is no more reason to apprehend that cholera can again attack Market street between Tenth & Eleventh streets, than we have to apprehend any other impossibility. No one feels any more fear that it can again attack both sides of Jefferson street, beginning at the corner of Jackson street, as it did in 1850, than that it can sweep the Galt House or Louisville Hotel clear of inhabitants. No effect can come without a cause. When a cause is absent, the effect can not appear. No one has any uneasiness that it may again show itself on the corner of Ninth and Jefferson and ravage nearly up to Eighth street, as it did in 1832. There are many hundreds of squares in Louisville that never have had a case of cholera in them. It is perfectly reasonable to feel sure that if we put every square in the city in the condition that those were in when cholera failed to attack them, we shall shut it out completely. This seems as plain to us as that twice four make eight. Many places here that had a cholera visitation in 1832 never have had a case since. Spots that had a visitation in 1833, and were changed, never have been afflicted with cholera since, nor anything akin to it down to this moment.

We shall record the triumphant labors of Dr. Shapter, at Exeter, England, and those that have saved the great lunatic asylum at

Bethlehem, England, ever since 1832. But the especial points of the inquiry on this interesting matter will be devoted to home. We prefer this, because the facts can be denied or proven most easily where all of them are best known among living witnesses. To this inquiry we shall devote the next number of this series. In the meantime we urge upon all the necessity of thorough cleanliness and dryness at home, and in all their surroundings, as the price at which health may be secured.

The question is often asked, with deep solicitude, when we hear that the disease has broken out anywhere, are we going to have cholera here? We can enable each one to answer this question for himself. Very carefully examine your premises, leave nothing uninvestigated; then thoroughly know the condition of all your surroundings, for it should be well recognized that, if some neighbor has dangerous premises, you cannot be safe. Let each one see that his own house and grounds are dry, airy, and clean; that the contents of his privy-pit are at least three feet below the surface, and in this state of things he may feel perfectly secure so far as his own premises are concerned. Then, if he finds a damp spot where vegetable material is decomposing, let him take the proper steps for removing that. All this being done, he may feel as certain that he has nothing to fear from cholera as he can feel in any earthly matter. In examining his premises he may overlook a source of great danger. The surface may look dry, but there may be water beneath it that may imperil life—if so, drain this water off.—*Louisville Med. News.*

PHARMACEUTICAL PREPARATIONS OF CORN SILK.

BY GEORGE W. KENNEDY, PH.G.

Read at the Pharmaceutical Meeting, April 17.

During the past year several physicians of Schuylkill county have been using different preparations of the stigmata of *Zea Mays* for catarrh of the bladder and similar diseases with very good results. The preparations should be made from the fresh article, as the dried seems to be worthless; at least, that is the experience of those who have had the subject under investigation: cases under treatment, which were not benefitted by the powder or other preparations made from the dried article, yielded to a tincture prepared from the fresh or green stigmata. It would be advisable to gather the drug before it begins to change in color, or select only that portion having a green or greenish-yellow color. The writer manufactured a quantity of the tincture last September, which has all been prescribed and used by our physicians, and I am now compelled to purchase the fluid extract to supply the demands. One of our medical practitioners, who is very particular, has great confidence in the curative properties of corn silk; his choice of all the preparations is the syrup which I have made and would recommend to be made from the fluid extract. This is an expeditious mode of making the syrup, and one which is entirely

satisfactory, the syrup containing only a very small percentage of alcohol. The diseases for which corn silk is recommended are of such a nature—generally of an inflammatory character—that the patient should not use alcohol in any form, because it produces irritation, and irritants should be left out of the preparations as much as possible.

Should the drug prove to be as valuable a remedy as some medical men consider it to be, there is no doubt but its use would become general. Either the fluid extract or the syrup, or both, would be the best preparations to recommend for introduction, although the tincture gave fair satisfaction, yet I do not believe it to be the most suitable preparation.

It should be remembered that the fresh drug contains a large amount of moisture; it contains certainly not less than fifty per cent., and likely considerably more. I would suggest that not less than double the quantity of the drug be used; for example, if a hundred parts of syrup or tincture was to represent twelve parts of the dried material, then twenty-four parts of the fresh or green corn silk should be used. I would recommend the following formulas:

TINCTURE OF CORN SILK.

Take of corn silk, green, twenty-four parts 24
 " diluted alcohol sufficient to make one hundred parts.. 100

Cut the silk into small pieces, either with a large pair of scissors or a tobacco cutter; after which, place in a mortar and beat into a pulp with a small quantity of the diluted alcohol. Prepare a cylindrical glass percolator, by closing the lower orifice with a cork; transfer the silk pulp to the percolator, and add sufficient of the menstruum to form a layer over the pulp; cover the percolator closely and allow to macerate for forty-eight hours; then loosen the cork enough to permit percolation to proceed at the rate of forty drops per minute; add enough diluted alcohol and continue the percolation until one hundred parts are obtained. The tincture possesses the characteristic odor of corn silk, is of a yellow straw color and of a pleasant, sweetish taste. Dose for an adult, one or two fluid drachms (gm. 4—8).

FLUID EXTRACT OF CORN SILK.

Corn silk, green, two hundred grammes..... 200
 Glycerin, twenty grammes..... 20
 Diluted alcohol, a sufficient quantity to make one hundred centimeters..... 100

Cut the silk into small pieces. Mix the glycerin with eighty grammes of diluted alcohol. Place the cut corn silk into a mortar, and beat into a pulp with a portion of the menstruum; after which, pack in a cylindrical glass percolator; add sufficient of the mixture to cover the pulpy mass, and when the liquid commences to drop from the percolator close the lower orifice; cover the percolator tightly, and allow to macerate for forty-eight hours, then permit percolation to go on slowly, about forty drops per minute; add the remainder of the glycerin mixture, and then diluted alco-

hol until the drug is exhausted, reserving the first seventy cubic centimeters of the percolate; evaporate the remainder to thirty cubic centimeters, and mix with the reserved portion, making in all one hundred cubic centimeters. The odor and taste is similar to that of the tincture, but much stronger, and a shade or two darker. Dose for an adult from half to one fluid drachm (gm. 2—4).

SYRUP OF CORN SILK.

Fluid extract of corn silk, twelve parts.	12
Syrup, eighty-eight parts.	88

To make one hundred parts. 100

Dose, from one to two fluid drachms.—*Jour. of Phar.*

IODIDE OF POTASSIUM.

BY GEORGE THOMAS JACKSON, M.D.

Iodide of potassium, the Iodkalium of the Germans, and the iodore de potassium of the French, is made by the addition of iodine in excess to an aqueous solution of potassa. It occurs in semi-opaque, white, transparent or colorless crystals, permanent in a dry air, rather deliquescent in a moist one, of an acrid saline taste. It is soluble in two-thirds its weight of water, and in six to eight parts of alcohol.

ANTAGONISTS AND INCOMPATIBLES.—It is incompatible, according to Biddle, with ammonium salts, sulphate, nitrate, phosphate, and borate of sodium, sulphates of potassium and magnesium, spirits of nitrous ether, soluble red salts and the mercurials generally; with chlorate of potassium, if a mineral acid is added, a poisonous iodate of potassium is formed. Therapeutically, its action is antagonized by all those remedies which promote constructive metamorphosis, and by the vaso-motor tonics, quinia, digitalis, cold, etc. (Wood). It should be remembered that calomel and potassium iodide exhibited together form the green iodide of mercury.

SYNERGISTS.—Alkalies and other remedies which promote waste favor the action of iodine and the iodides. Even mercury, which, theoretically, is incompatible with the iodide, is, especially in syphilis, synergistic.

PHYSIOLOGICAL ACTION.—When taken into the stomach the salt is rapidly absorbed and enters into the circulation. In the stomach it may cause, at first, a feeling of coolness, this being followed by warmth, or even burning, if the dose has been considerable. By many it is claimed that when the potassium salt enters the blood it is changed into a sodium salt. This theory, according to Ringer, has not yet been substantiated. Professor Binz ("Am. Jour. of the Med. Sci.," vol. lxx, p. 234) holds that,

when the salt is taken into a healthy stomach, part is changed, by the action of the hydrochloric acid in that viscus, into hydriodic acid; another part is acted on by the chloride of sodium and changed into the iodide of sodium; and, if enough has been taken, the residue remains unchanged. All three combinations pass quickly into the circulation, when the hydriodic acid meets with soda and forms iodide of sodium; the iodide of sodium is acted on by carbonic and other acids, and iodine is set free. It has also been asserted that iodide of potassium is decomposed by the ozone, and depends for its action upon liberated iodine (Wood's "Therapeutics," 1876, p. 379). This theory also needs substantiation. By some of the leading authorities iodine and iodide of potassium are said to have the same action in the system, and many hold that the iodide depends for its action upon the iodine contained in it. It is true that both iodine and the iodide, when taken in sufficient doses, cause gastro-intestinal disturbance, and, when given continuously, produce iodism; but their therapeutic uses are in many points different. Iodine acts upon the chronic enlargements of scrofulosis more effectively than the iodide, while the iodide is *par excellence* the remedy for the tertiary enlargements of syphilis. In rheumatic affections the iodide is employed, but here, no doubt, the iodide owes its efficacy, in good measure, to the potassium. The diuretic action of the iodide may also be ascribed to its potassium, though Bouchard affirms that iodine increases the elimination of urea.

The iodide of potassium exerts an alterative effect upon the tissues. In the physiological state the iodides increase waste and the elimination of the products of waste, and, if administered for a length of time, they cause emaciation and a general depression of the vital functions. Wood states that he has given the iodide in enormous doses, and seen nervous symptoms developed in only one case, where two hundred and seventy grains a day were exhibited, and the patient became intensely stupid and sleepy. An apparent contradiction to the depressing and emaciating effect of the drug is found in its action in syphilis, where, under its administration, the patients are seen to gain in health and strength. This action in syphilis is accounted for by the so-called specific action of the salt, the virus being eliminated by it, and the system at once reacting. Dr. C. Binz ("Grundzuge der Arzneimittellehre," Berlin, 1879) gives as a probable theory of the action of the iodide upon syphilitic and other abnormal deposits, the following: If iodide of potassium comes in contact, outside of the body, with protoplasm, water and carbonic acid, it is changed by the oxidizing properties of the protoplasm into bicarbonate of potassium and free iodine, this reaction being necessarily accompanied by some change in the protoplasm, yet undetermined. In the diseased body, if a pathological cell organization, water and carbonic acid, or some stronger acid, are together present (and, where abnormal cells are found, the other elements will not be difficult to find); then the same reaction must take place in the presence of the potash salt, the elements of the protoplasm being broken up, the bicarbonate of potassium being formed and the iodine set free,

which latter unites with the sodium of the blood and appears in the secretions as the iodide of sodium.

The salt is almost as rapidly eliminated as it is absorbed, so that, within fifteen minutes after taking it, it may be found in the saliva and the urine. The chief eliminator of the salt is the kidney, but the broncho-pulmonary, faucial and salivary glands take part in this action. Hence, we find, during a course of the iodide, that a stimulating effect is often exerted upon the mucous membrane of the lungs, fauces, kidneys, etc., a greater quantity of mucus being thrown from the lungs, symptoms of acute coryza not unfrequently showing themselves, and the taste of the iodide with an increased flow of saliva being noticed in the mouth.

IODISM.—A characteristic effect of the iodide, when given for a continued period, is the production of what has been called iodism: this it owes to its iodine. The quantity necessary to produce iodism varies with the susceptibility of the individual. Ringer states that in some peculiarly susceptible individuals one grain of the iodide, or even a part of a grain, has induced it. Most patients, however, bear the administration of the iodide without experiencing any unpleasant effects; and, usually, even if iodism is induced, the system soon accommodates itself to the drug, a state of tolerance being established, though no change may have been made in the dose. In some patients in whom it is desirable to induce iodism, enormous doses have to be administered before the required effect is produced.

The symptoms of iodism are general malaise, frontal headache; coryza, lachrymation, sometimes inflammatory swelling of the eyelids, bitter saline taste in the mouth, sore throat, hoarseness and dysphagia. An eruption of acne, especially on the face, shoulders and thighs, is a common result of the continuous use of the iodide, and it may be present indepently of any other symptom of iodism. Duhring says that "iodide of potassium may give rise to erythematous, papular, vesicular, pustular, bullous and purpuric lesions. The erythematous efflorescence, not very uncommon, occurs usually upon the forearms in discrete or confluent patches, and also upon the face and neck. If the administration of the drug is persisted in, this may go on to the papular form, which is rarer. The vesicular or eczema-form variety occurs in patients who have long continued the use of the drug; by some it is said to be most common on the scalp and scrotum; others describe its occurrence on the chest or limbs, and as accompanied by severe itching and desquamation." One case is reported (Bumstead and Taylor, "Venereal Diseases," New York, 1879) where only moderate doses caused an eruption like eczema rubrum over the whole body, accompanied by fever, some dyspnoea, and copious exudation. The pustular eruption bears a close resemblance to that caused by bromide of potassium, and is acneform in appearance. This is the acne eruption before referred to. Sometimes the pustules are followed by indurations which may persist. There is also a rare form of vesiculo-pustular eruption described by Duhring ("Diseases of the Skin," 1881, p. 329) which resembles an irritated patch of ring-worm. The bullous eruption occurs

most frequently about the head, neck and upper extremities, less frequently upon the lower limbs, rarely upon the trunk. The eruption begins as pin-point-sized vesicles, or as shot-like papules, at the apices of which vesiculation appears, the vesicles being of a pale, yellowish-white color. If the iodide be given in large doses or continued, the blebs become dark red or purplish, the serum, at first clear, becoming puriform and sanguinolent. Upon the discontinuance of the iodide, the lesions usually disappear within a few days or a week. Purpura is rarely produced by the iodide. It commonly appears soon after the beginning of a course of the medicine, and is most apt to occur upon the legs, less frequently upon the neck, face and other parts of the body; taking in some cases the miliary form, sometimes occurring in large patches, and it may even take on the form of purpura hemorrhagica. Hydroa, says Hutchinson, is most frequently caused by the iodide. It has, also, been asserted that atrophy of the testes and mammae takes place under the use of the iodide, but many prominent writers, as Bartholow, Van Buren and Keyes, and others, deny this. That it has an antaphrodisiac effect, and, in long-continued doses, is capable of causing loss of sexual power, is, according to Bartholow, quite certain.

Some cases of iodism are characterized by nervous troubles—neuralgia, ringing in the ears, convulsions, disturbances of vision, and paralysis. Rilliet (Trousseau's report on memoir, "Bull. de l'Acad. Roy.," xxv) says the iodic cachexia is most easily induced in goitrous persons, and is characterized by rapid emaciation, commencing mostly in the face, severe nervous palpitations of the heart and excessive appetite. If the drug is continued, hysteria or hypochondriasis, with insomnia, manifests itself.

TREATMENT OF IODISM.—The unpleasant effects of the iodide appear earlier and continue longer in those in whom the processes of elimination are deficient or slow. If large draughts of water are taken with the iodide, in many cases iodism may be prevented, the water aiding in elimination. Bumstead states that if Fowler's solution is administered with the iodide, the eruption of acne may be prevented. Some claim that, if a full dose of carbonate or spirits of ammonia be administered with the iodide, the unpleasant effects of iodism may be obviated; but Ringer states that he has many times tried this, with no decided effects. If, on continuing the drug, the state of tolerance is not established, and if, after exhibiting it highly diluted, or with ammonia, the bad symptoms still continue, by stopping the drug for a few days they will all disappear without any other treatment.

ADMINISTRATION.—The dose of iodide of potassium is usually, to begin with, five to fifteen grains. Its limit is, practically, as much as will be tolerated by the system, or enough to produce the desired effect. It may be given pure or in solution, preferably the latter, and the higher the dilution the better. Seguin ("Arch. of Med.," vol. vi, 1881, p. 34) gives the following directions to prevent any gastric disturbance arising from the use of the salt: 1. Use a simple aqueous solution. 2. Give it upon an empty stom-

ach, fifteen or thirty minutes before the ingestion of food. 2. Give it freely diluted with an alkaline solution. He uses a solution of equal parts of the iodide and water, by weight, and finds that a loss of one-fifth is made by mixing the salt and water, so that in one hundred drops of the solution there are only about eighty grains of the iodide. As an alkaline diluent, he advises Vichy water, one-half or one glassful being taken with each dose of the salt. If neither the Vichy nor the Vichy effervescent salt can be procured, then a pinch of bicarbonate of sodium to a glassful of water will answer.

THERAPEUTICS.—As the object of this paper is principally to discuss the use of iodide of potassium in syphilis, the writer will merely mention that the salt is useful in the following maladies, viz.: bronchocele, scrofula, chronic rheumatism, gout; as a diuretic and alterative in Bright's disease (fibroid degeneration), in spasmodic asthma, acute coryza, acute and chronic bronchitis, hay asthma, chronic pleurisy, chronic pericarditis, chronic splenitis, chronic laydrocephalus, basilar meningitis, aneurism; and as an eliminative in mercurial and saturnine poisoning. Locally, it forms an excellent application in aphthæ, mercurial stomatitis, pharyngitis and tonsillitis.

But it is the part the iodide plays in the treatment of syphilis which makes its study of special interest to the syphilographer. It has been used during the presence of the initial lesion, during the prodromal fever, and during the whole secondary or tertiary stage of the disease. M. F. Diday ("Therap. de Mal. Ven. et des Mal. Cutan.," Paris, 1876, p. 269) gives the salt during the presence of the chancre, before the stage of eruption (secondary), "not to drive out the poison of the virus, but to brace the constitution against it." To this end he gives, every morning and evening, one tablespoonful of a mixture containing: distilled water, gr. 500; iodide of potassium, gr. 12; citrate of iron, gr. 2, giving it freely diluted in water. He uses the same mixture during the prodromal fever. He claims that the good results from this method of treatment are due to the action of the iodide upon the red blood globules, saying: "M. Grassi has determined by his experiments that, during the chancre, the proportion of the red blood globules is diminished by about one-quarter; that the iodide of potassium administered during this time re-established their normal proportion in fifteen or twenty days; and that, further, the iodide of mercury is far from producing the same good effects." Most authorities, however, state that the iodide is not of much use in the first stage of syphilis, nor in the early part of the second stage, but that it is most useful in the so-called tertiary lesions. Van Buren and Keyes give, as a rule for the time of its administration, the following: "As soon as the cutaneous lesions show a marked tendency to aggregate in patches, and especially to remain long chronic as scaly or tubercular thickened patches, or, indeed, without eruption after the first year of syphilis, the iodide should be given in the mixed treatment" (Van Buren and Keyes, "Genito-urinary Diseases, with Syphilis," New York, 1877, p. 565). The indication for giving the drug is rather the character of the syphilitic

lesion, and the condition of the patient in regard to his having taken mercury, than the time which the disease has lasted. All authorities concur in stating that it gives its most brilliant results in the ulcerating and the gummy forms of syphilis, and in the deep lesions of bone, brain and viscera. It is especially useful when the syphilitic or mercurial cachexia is present, or when the patient has taken mercury for some time without effect. Niemeyer says that "the iodide is indicated and gives most relief in all cases where the spontaneous extinction of the malady is not to be calculated on, and in which the employment of mercury is contraindicated." Bartholow, ("Materia Medica and Therapeutics," New York, 1877, p. 182) says: The iodide of potassium is useful and curative in syphiloma of the nervous system, in mental disorders, epileptiform seizures, paralytic states, etc., dependent on gummata, nodes, etc., in neuralgia of the fifth, nocturnal pain in the head, syphilitic paraplegia, the various neuralgiae of syphilis, ulceration of the nares, palate, tonsils and larynx, syphilitic deposits in the lungs simulating phthisis, syphilitic disease of the spleen, liver, kidneys and other viscera, syphilitic rheumatism and the late skin eruptions of syphilis. Rosenthal ("Nervenkrankheiten," Wien, 1875, p. 234) prefers mercury to the iodide in syphilitic disease of the brain.

The iodide, when administered for these late syphilitic lesions, should be pushed rapidly till the full effects of the drug are manifested, or till iodism is induced. Unfortunately, while the salt undoubtedly relieves the urgent symptoms, it does not possess those truly curative or specific qualities of mercury; so that, after relief is obtained by its use, mercury must be again resorted to for a permanent cure, the two drugs being continued in combination.

When the iodide is given after a course of mercury, sometimes salivation is induced, it having the property of rendering mercury, or any of its compounds retained within the tissues of the body, soluble, and of throwing them back into the circulation, to be eliminated by the kidneys. It has been affirmed that any good which may result from the administration of the iodide is due to its solvent power upon the mercury held in combination with the albuminoids of the body.

It is quite customary and really useful to administer the iodide with mercury in the so-called "mixed treatment," notably in the later stages of syphilis. There have been combinations of nearly all the preparations of mercury with the iodide, but probably the most used are the bichloride and the biniodide. The solution of the bichloride with the iodide is chemically unsound, the biniodide of mercury being formed with iodide of potassium in excess. It is, nevertheless, useful. As a vehicle, perhaps, the compound syrup of sarsaparilla is as good as any, the English authors speaking highly of it for its own sake, and it is certainly a pleasant medium. Lee ("Lectures on Syphilis," London, 1875) thinks that if the iodide of potassium is given by the mouth, and mercury by inunction, they unite in the system and produce about the same effect as if iodide of mercury were given internally. This is a good way to treat chronic cases where the stomach must be spared as much as possible.—*N. Y. Med. Jour.*, Oct. 1882.

ABSTRACTS AND GLEANINGS.

Practical Medicine.—At the American Medical Association Dr. J. H. Hollister, of Illinois, Chairman of the section on Practical Medicine, read his address. He declared that progress in medicine depended on the exercise of pure reason, which can never defer to faith, and can expect no such aid from revelation as may cause it to walk with a wisdom not its own. It is so much the creature of mental and material forces which are interchangeable, interdependent and inseparable, that reason is compelled to thread her way with steps slow and uncertain, sometimes in truth, oft-times in error, ever painfully conscious of her weakness and of the mysteries which confront on every side. The absence of full positive knowledge has prevented the restraint of the fancies and credulities within its fold, and, as a consequence, speculations have been piled mountain high by one generation but to disappear in another like chaff before the driving wind; but there have been left after these thorough winnowings some golden truths, and the treasure-house is being slowly, but surely enriched by the garnerings of the ages.

He complimented the profession on the growing number of original workers, and on the consequent improved quality of the literature of the profession. He declared that, probably, no year in the history of medicine had witnessed as much original work as had the year just ended, or seen a better periodical literature.

In referring to the labors of Koch, he maintained that, while the tubercle bacillus undoubtedly existed, the question whether it was an effect or a cause of tuberculosis still remained unsettled, and that it will continue to so remain until a means is discovered of destroying it without injury to the tissues.

He called on the profession to take some action looking toward a restoration of the evils which attend the sale of proprietary medicines, and suggested a somewhat doctrinaire method of ridding the country of this curse.

He touched pointedly on the evils of a combination of the teacher and examining power in our colleges, and suggested the creation of a central bureau, to whom should be relegated the examining and licensing power.

The address was, in the main, pithy and practical.

Dr. J. K. Bartlett, of Wisconsin, Chairman of the Section on Obstetrics and Diseases of Women, not being in attendance, his address was read for him by Dr. Senn, of Milwaukee. He criticized Emmett's operation as a routine procedure, stating that experience has shown that undue importance has been attached to the lesion which it is designed to overcome, and that it fails to uniformly work the relief contemplated. A more definite understanding of the conditions requiring its performance is demanded.

Of Battey's operation, he said that most of the indications which have been claimed to warrant it are now generally admitted. There is still some diversity of opinion concerning its value in.

epilepsy, hystero-epilepsy and mania, seemingly dependent on, or associated with ovarian troubles.

He discussed the employment of electricity as a means of destroying the foetus in extra-uterine pregnancy, and illustrated its value by the report of several cases.

In regard to transfusion in post-partum hæmorrhage, he had concluded that, while it is theoretically valuable it is practically unsatisfactory. He related cases in which milk and saline solutions had been employed instead of blood, with benefit.

On the whole, he believed that more harm than good was being done by the use of the obstetric forceps. He referred, with keen sarcasm, to the ingenuity of man in devising mechanical contrivances for the emptying of the human uterus, and would not be surprised at any time to hear of the introduction of a one-horse electro-motor power, so arranged as to do the pulling, and thus save the obstetrician, as well as the mother, any exertion.

He gave his own experience in the use of ergot in labor. He had employed it for many years where the second stage was retarded by insufficient contractions and where no pelvic obstacle existed, and he regards it as a valuable resource and devoid of danger in such cases.

His opinion of anæsthetics in labor may be inferred from the statement with which he concluded his reference to the subject. If an anæsthetic ever produced post-partum hemorrhage, injury to the child, or other than beneficial results, experience tells us it must be due to the impurity of the anæsthetic employed, or to want of that experience and discretion which is necessary, not only here, but in the use of all therapeutic measures employed for the relief of human suffering.

Dr. Bartlett concluded his eminently able paper with a plea for greater attention to constitutional treatment in pelvic disease than is fashionable in these days of rampant specialism. "No one," he said, "who has not received thorough training in general medicine and has not tested, confirmed and enlarged his natural thought through many years of general practice, is fitted for a specialist. When medical gynecology is thus studied and practiced, aided by larger general, local, therapeutic and hygienic resources, which such research in time will develop, the clearer and surer will be the diagnosis which the future will bring, and the time will come when the present brilliant triumphs of the surgical gynecologist will grow pale before the achievements of his medical co-worker."

Deaths During the Administration of Anæsthetics.—Mr. J. H. Lee MacIntire, Medical Superintendent of the Bristol Royal Infirmary, reports the following cases in the British Medical Journal:

A man, aged 54 years, was admitted to the Bristol Royal Infirmary December 30, 1881, suffering from a strangulated inguinal hernia of sixty-four hours standing. He had vomited almost incessantly from the first, and for the last twelve hours the vomited matter had been fæcal. On admission, his tongue was moist, his pulse weak but regular, and his aspect somewhat pinched. Chloæ

roform was administered preparatory to an attempt at reduction by taxis, and everything went on well for the first minute and a half, a little over one drachm being inhaled, and this amount was divided into three parts. He then commenced to struggle a little, and his pulse was noticed to have improved, when he was seen to be about to vomit. The vomited matter measured almost a pint, and was stercoraceous and very fluid. Loud tracheal rales were now heard and the breathing for the first time became embarrassed. He was immediately turned over, when nearly two quarts of fluid were ejected. His pupils were now widely dilated. Artificial respiration, inversion, cold affusion, and dragging forward of the tongue, were at once tried; air entered the lungs freely, there were no tracheal rales, and the pupils became contracted. He now vomited again, or, rather, some more fluid poured out of his mouth. Attempts to resuscitate him were persisted in for over twenty minutes, but without avail. From the first arrest of pulse and respiration, neither heart-beat nor voluntary attempt at respiration was noticed. The first vomit occupied about a minute.

The post-mortem examination showed the heart healthy, aorta slightly atheromatous, kidneys granular, and a small quantity of food, which appeared to be partly digested milk, and which was about as large of a pea, was lodged just below the rima glottidis.

A woman, aged 45 years, who had been in the ward some days with an abdominal tumor, was, on April 19, 1883, examined under the influence of an anæsthetic mixture consisting of one part of chloroform to three parts of ether. She was known to have chronic bronchitis, and was suspected of phthisis at the right apex. She had taken some beef-tea and egg a short time before examination. She took the anæsthetic very well, becoming unconscious in three minutes, and remaining so for ten, when her breathing was noticed to be growing shallow, but her pulse, color and pupils remained unaltered. She took three respirations, each more shallow than its predecessor, and gave signs of being about to vomit. She was just about to be turned over on her left side, when her breathing stopped, whilst her heart could still be seen acting. Her pulse then failed, her face became livid, and her pupils about two-thirds dilated. Inversion and artificial respiration were immediately tried, and air entered the lungs freely, with a total absence of tracheal rales. The pupils were now noticed to be about three-fourths dilated, and some half-digested liquid food oozed out of her mouth. In case any might have entered the larynx, although there was no reason to suspect such an accident, tracheotomy was performed. Artificial respiration was kept up for half an hour, and inhalations of nitrite of amyl, injections of ether, cold affusion, and an enema of brandy were also unsuccessfully tried, the patient showing no sign of returning animation from the first, with the exception of closing her jaws firmly about five minutes after the commencement of artificial respiration.

Post-mortem examination showed the heart-vessels and brain to be healthy, and there was no food in the air-passages. The abdominal tumor was due to tubercular peritonitis, and there was

general bronchitis, and some tubercle was found in the apex of the right lung.

In both cases the anæsthetic was administered on a flannel mask which covered the nose and mouth.

A third case was that of an elderly man in the Western Infirmary, Glasgow, and the anæsthetic used was chloroform. The patient was to undergo the operation of excision of the tongue. The anæsthetic was given, as is usual in the Western Infirmary, by means of a towel, and it had not been very long administered before it was noticed that respiration had ceased, that there was marked lividity of the face, and that the patient presented many of the features of a person in the tonic stage of an epileptiform convulsion. Every effort was made to re-establish breathing, but without success.

A post-mortem examination revealed nothing to account for death, beyond the presence of well-marked symptoms of asphyxia. This is the third death that has occurred in the Western Infirmary during the administration of chloroform, and its occurrence just at the present time is a striking comment on the chloroform agitation recently carried on at the Royal Infirmary; for in this case the anæsthetic was administered by the surgeon himself, with all the care that extensive knowledge and experience of the subject could give.—*Phila. Med. Times.*

**Successful Laparotomy for Intestinal Obstruction—Lis-
terism without Spray.**—A woman, 53 years of age, previously in good health, under the care of Mr. Alder Smith, was seized with acute pain just above the umbilicus, which was severe and paroxysmal, simulating biliary colic. The abdomen was normal, without tenderness or swelling. There was constipation, vomiting of bile-stained fluid, and evident obstruction of the intestine. Morphia was given in quantities sufficient to control the pain, and several doses of castor oil were administered, but were vomited in the course of an hour afterwards. A large enema of four pints of warm sweet oil, given through a stomach-tube, introduced into the colon, did not relieve the obstruction, although it brought away a few pieces of hard fæcal material. No tumor could be detected through the abdominal wall. The abdomen became swollen by tympanic distention of the ileum, and the patient had the appearance of one suffering with strangulated hernia. The operation of laparotomy was decided upon after consultation, and the patient's consent obtained. She was at this time, on the fourth day after the first appearance of the symptoms, deeply under the influence of morphia, temperature 98.6°, pulse 90, belly tympanic. She had been vomiting very slightly, no nourishment having been given except a little beef-essence and ice-water. The apartment was kept at a temperature of 95°, and the air moistened with steam. All the instruments were thoroughly washed in carbolic lotion (1:40), and afterwards dried; the operator's hands and the patient's abdomen were likewise washed and dried. The operation was done by Mr. Savory. No carbolic spray was used, and no carbolic lotion or other irritant was allowed to enter the peritoneal cavity.

The abdomen was opened by an incision extending from the umbilicus to the pubes; the intestines were much distended with flatus. Tracing them downwards, a portion of the ileum was found tightly nipped by some band or constriction; below this the intestine was flaccid and empty. On pulling this portion of the intestine and breaking through a band, a loop of strangulated intestine came out; this was intensely congested, of a deep claret color, and approaching a condition of gangrene. As soon as the constricted portion was found to be pervious to flatus, no unnecessary exploration was made as to the exact cause of the constriction, but the intestines were at once returned. A little blood-stained fluid was removed by new and clean sponges from the abdomen, and the wound was closed by silk and silver sutures; there was very little bleeding, and no vessels had to be tied. The dressing consisted of lint soaked in carbolyzed oil (1 in 40), long strips of plaster, and a broad flannel bandage. Morphia (gr. $\frac{1}{3}$) was given as soon as the patient recovered from the chloroform. Ice water only was ordered, and five minims of the tincture of opium every hour, the temperature of the room to be maintained at 95°. The dressing was re-applied on the third day, when the wound was found to have almost entirely healed by first intention, no pus, no peritonitis. The greatest care was observed with regard to diet; she had only a small amount of essence of beef, besides the ice-water, for a week after the operation. On the eighth day she was permitted to take some bread and milk and custard-pudding. She made a prompt and perfect recovery.—*British Med. Jour.*, May 26.

Extraction of Deciduous Teeth.—The order of shedding and of eruption shows that the first to change places are the central incisors; secondly, the lateral incisors; thirdly, *not* the canines, but frequently the second molar for the second bicuspid; fourthly, the remaining molar for the other bicuspid, and lastly the canines.

In a normal condition the jaw bones continue their growth after the growth of process about the temporary teeth has ceased, and thus, as the period approaches for the eruption of the permanent teeth, we find spaces between the temporary ones, thus enlarging the alveolar arch for the accommodation of the larger members of the permanent group.

The growth or enlargement of that part of the jaw upon which the deciduous dental arch is situated seems to have obtained its complete development at the period of shedding, and the incisors and bicuspid will find room equal to their necessities.

The premature extraction of any or all even of these eight named teeth will not interfere with the natural and expected enlargement of the jaw, but the premature extraction of the canine teeth will be likely to lead to most serious results.

After the jaw bone has ceased its enlargement there seems an almost universal tendency for the bicuspid and molars to crowd to the anterior part of the mouth, and to fill any space in the alveolar arch that may not already be occupied. This is not only true in the formative period, but is equally true in adult life, if the oc-

clusion of the opposing jaw does not contract it. The consequence of this inevitable tendency is, that unless the temporary canines remain in their places until their permanent successors are ready to emerge, the bicuspid and whatever molars are behind them will crowd forward and occupy the space which belongs to the canines.

We thus see that, whatever may be the inducement to remove any or all of the deciduous teeth prior to their period of shedding, the canines should be retained until there is ample evidence of the early emergence of their permanent successors, unless the health and comfort of the child would be sacrificed in so doing. But it would be far better to remove one or all of the deciduous teeth and take the risks of irregularity in the permanent ones, than to submit the child to constant suffering and consequent injury to its health by their retention.

In a case of retarded dentition the writer takes issue with the practitioner who removes the deciduous teeth when the usual period arrives for shedding, regardless of any evidence that the permanent ones are ready to erupt. His reason is, that the retention of the temporary tooth retards the growth of the permanent one.

In this issue is involved the function of absorption, and his practice would indicate that the non-absorption of the temporary tooth was the primal cause of the retarded dentition, rather than that retarded dentition is the cause of the non-absorption. Cause and effect are, in his mind, evidently transposed.

Such a practice will unquestionably lead, in many cases, to serious results.

It is not always certain, when there is no outward indication, that a tooth lies concealed.

It is not a very uncommon thing to see some one tooth of the permanent set missing, and to learn that it never erupted. And again, a retarded dentition generally indicates teeth of better organization and less liable to decay than those which have developed at an earlier age.

So long as deciduous teeth remain in the jaw in a firm and undecayed condition, with no evidence of a misdirection of their permanent successors, it is not advisable to remove them.—*Independent Practitioner*.

Calomel in Croup—Colchicum in Gout.—Dr. Jno. H. Trent, of Brooklyn, N. Y., favors us with the following brief extracts from the life of the famous Sidney Smith:

"A few months after the birth of his daughter, he went to the sea-side for his health, where, but for his courage and firmness, he would have lost her in a way he had not anticipated. When only six months old, she fell ill of the croup, with such volume that it defied all the remedies employed by the best medical men there. The danger increased with every hour. Dr. Hamilton, one of the most eminent medical men in Edinburgh, was sent for. He could not come, but said: 'Persevere in giving two grains of calomel every hour; I never knew it to fail.' It was given for eleven hours. The child grew worse and worse, The medical man in

attendance then said, 'I dare give no more; the child must die. I can do no more, but at this age I would not venture to give more calomel to my own child.' 'You said you can do no more. Hamilton says, 'Persevere.' I will take the responsibility. I will give it to her myself.' He gave it, and the child was saved.

" 'I am suffering from my old complaint, the 'hay-fever,' as it is called. My fear is perishing by deliquescence. I melt away in nasal and lachrymal profluvia. My remedies are warm pediluvia, cathartics, topical application of a watery solution of opium to eyes, ears and the interior of the nostrils. The membrane is so irritated that light, dust, contradiction, an absurd remark, the sight of a dissenter—anything, sets me sneezing; and if I begin sneezing at 12, I don't leave off till 2 o'clock, and I am heard distinctly in Taunton, when the wind sets that way, a distance of six miles. Turn your mind to this little curse. If consumption is too powerful for physicians, at least they should not suffer themselves to be outwitted by such little upstart disorders as the hay fever.'

"On observing some autumn crocus in flower, he stopped. 'There,' he said, 'who would guess the virtue of that little plant? But I find the power of colchicum so great that if I feel a little gout coming on, I go into the garden and hold out my toe to that plant, and it gets well directly. I never do more without orders from headquarters.'

Don't.—Don't go to bed with cold feet. Don't sleep in the same undergarments that are worn during the day. Don't sleep in a room that is not well ventilated. Don't sit or sleep in a draught. Don't lie on the left side too much. Don't lie on the back, to keep from snoring. Don't try to get along with less than seven or eight hours' sleep out of twenty-four. Don't jump out of bed *immediately* on awaking in the morning. Don't forget to rub yourself well all over with crash towel or hands before dressing. Don't forget to take a good drink of pure water before breakfast. Don't take long walks when the stomach is entirely empty. Don't start to do a day's work without eating a good breakfast. Don't eat anything but well-cooked and nutritious foods. Don't eat what you don't want just to save it. Don't eat between meals, nor enough to cause uneasiness at meal time. Don't eat the smallest morsel unless hungry, if well. Don't try to keep up on coffee or alcoholic stimulants, when nature is calling you to sleep. Don't stand over hot-air registers. Don't inhale hot air or fumes of any acids. Don't fill the gash with soot, sugar, or anything else to arrest the hemorrhage when you cut yourself, but bring the parts together with strips of adhesive plaster. Don't wear thin hose or light-soled shoes in cold or wet weather. Don't strain your eyes by reading on an empty stomach or when ill. Don't ruin your eyes by reading or sewing at dusk, by a dim light or flickering candle, or when very tired. Don't sing or hollow when your throat is sore or you are hoarse. Don't drink ice water when you are very warm, and never a glassful at a time, but simply sip it slowly. Don't take some other person's medicine because you are similarly afflicted. Don't bathe in less than two

hours after eating. Don't eat in less than two hours after bathing. Don't call so frequently on your sick friend as to make your company and conversation a bore. Don't make a practice of relating scandal, or stories calculated to depress the spirits of the sick. Don't forget to cheer and gently amuse invalids when visiting them. Don't call on your sick friend and advise him to take some other medicine, get another doctor, eat more, eat less, sit up longer, go out more frequently, stay a week, or talk him to death, before you think of leaving.—*Scientific Californian*.

Treatment of Nasal Catarrh.—To this we might add chronic pharyngitis, which, possibly, may extend into the larynx and trachea. As Buffalo is the *hub* around which all catarrhs move, and as cases without number are calling every week seeking relief from this unpleasant and frequently destroying disease, all the resources of the physician is brought into action to cope with it. The writer has used everything that he has ever read or heard of in the shape of medication, douches, inhalations, etc., but has never met with sufficient success to be enabled to guarantee a cure. Indeed the results were so unsatisfactory that the hope of success in curing catarrh had almost disappeared, when the thought presented itself that, possibly, some more active medicines might be applied locally, which would heal the ulcerated surfaces. A curved sponge holder was brought into play with a little absorbent cotton, and a preparation of carbolic acid, 3 ss; sulphate hydrastia, gr. xv; glycerine, 3 ss; aqua, 3 iss; mix; was applied behind the velum as far as the holder could reach, and thoroughly on all sides and everywhere where there was inflammation or ulceration. The transformation was wonderful, and cases seemed to recover after six or eight treatments which, before, seemed almost hopeless. The writer has treated about seventy cases in this manner already, and all have either recovered or are on the road to recovery. This may not be original, but it seems far better than long medications. The treatment is very disagreeable, and in some cases quite painful, but if the application is made with the expiration of the breath there is but little danger of strangling, and the smarting may be only momentary or possibly last for four or five hours. It will be noticed, however, that each succeeding treatment will be attended with less pain and discomfort.—*Investigator*.

Case of Stramonium Poisoning.—Dr. C. F. Bevan reports the following case in the Medical Chronicle: A boy, æt. 12, ate three-fourths of a one-ounce package of the dried leaves, after which he appeared dull and fell asleep. An hour later he was extremely drowsy, pulse 125, temperature 101° F. in axilla, and surface of a uniform bright red from head to foot. Lips, tongue and fauces very dry and swallowing very difficult, the constriction and spasm of the muscles of deglutition suggestive of hydrophobia. Pupils widely dilated and insensible to light; vision defective and inaccurate, everything appearing green. There were delusions of hearing and other cerebral disturbances, accompanied

by boisterous laughter. Speech incoherent, intellect impaired, general sensibility greatly blunted. When recumbent the arms were thrown around wildly; when he attempted to walk his movements were like those of a person under the influence of alcohol. When he remained quiet there was subsultus tendinum. Urine high colored and frequently voided. An emetic brought up a large quantity of the weed; the stomach was then thoroughly washed out by means of a stomach pump. Bicarbonate of sodium was given freely, and in two hours three-and-a-fourth grains of sulphate of morphia were administered hypodermically, only slightly diminishing the dilated pupils. He was not allowed to rest until consciousness returned and the redness disappeared. The next day he had no recollection of what had occurred. It was a week before the pupils became normal.—*Maryland Medical Journal*.

Kairine, a Substitute for Quinine.—The Medical Press and Circular, June 6th, describes a new drug introduced to notice in Vienna. It is prepared from chinoline, which is itself obtained synthetically from aniline, nitro-benzol, glycerin and sulphuric acid. The new agent produced from chinoline has been named Kairine, and is technically described as methoxychinolintetrahydride. It is an oil and unites with hydrochloric acid. It has a singular effect on the urine, changing its color to brown or olive green, and sometimes grass green, and also causing the development of bacteria in the urine. It is very active in its effects on the human system. Three grains in twenty-four hours is accounted a large quantity, having produced in one instance a fall of temperature, with shivering and indications of collapse. Prof. Drasche, of Vienna, considers it superior to all other drugs as a prompt anti-pyretic, and believes that it has a great future before it.—*Pacific Med. Jour.*

A Dentist's Fee.—A man with too much "sand" in him for professional profit, seated himself in a dentist's chair to try the steel method of curing toothache. He asked the dentist playfully: "I suppose you won't hurt me any?" and the dentist playfully replied: "If I don't hurt you, I won't charge you anything." The countenance of the man of sand immediately assumed an expression resembling a cross between a Quaker and a Stoic; the dentist dexterously applied a forceps having something the appearance of a gridiron struck by lightning, and the decayed basis of that "hell o' oll diseases" was, in an instant, swung aloft. The patient's placid expression never changed; he got down from the chair and remarked on the heavenly beauty of the day:

"—And wondered whether

The cloud in the West would bring wet weather,"

adjusted his "tie" and "plug," said adieu, and started away. As he stood in the door, the dentist inquired: "Did I hurt you any?" The reply was, "Not in the least, my dear doctor. I bid you good day." The dentist said, "H'm!"

SCIENTIFIC ITEMS.

The Gradual Cooling of the Earth.—In a "Treatise on Natural Philosophy," by Professors Sir W. Thompson and P. G. Tait, Sir W. Thompson, speaking of an opinion advanced by Sir Charles Lyell, respecting the possible maintenance of the earth's heat without change throughout countless ages, used words which, says *Knowledge*, may be applied without change of a word to the stupendous theory advanced by Sir C. Siemens not so very long since—such an idea of a practically endless cycle "violates the principles of natural philosophy in exactly the same manner, and to the same degree, as to believe that a clock constructed with a self-winding movement may fulfill the expectations of its ingenious inventor by going forever." The earth is necessarily cooling from century to century; her volcanic energies are certainly diminishing—as certainly, to use an illustration of Sir W. Thompson's, as the quantity of gunpowder in a "monitor" is diminishing when, hour after hour, she is seen to discharge shot and shell, whether at a nearly equable rate or not, without receiving fresh supplies of ammunition.—*Independent Practitioner*.

Effect of the Castor Oil Plant on Flies.—The British Medical Journal says that a castor-oil plant was placed accidentally in a room swarming with flies, but almost immediately the flies disappeared, and flies were found under the plant, or clinging to its leaves, dead. The leaves are said to give out a property deadly to insects. Who knows but the mosquito, too, may succumb to castor-oil, and that New Jersey and Staten Island may yet enjoy life, even in the dog-days?—*Microcosm*.

Octagonal Religious Services in the Eastern Penitentiary, Philadelphia.—Eight clergymen preached simultaneously in the Eastern Penitentiary, Philadelphia, last Sunday, to invisible audiences. This prison is conducted on the principle of solitary confinement. Each prisoner has his own lonely cell. These cells open on eight corridors, radiating from an octagonal centre. The preachers stood at the outer ends of the corridors, and could be heard by the occupants of the cells in their several sections. A group of officials and reporters in the middle of the prison experienced the sensation of listening to eight sermons at once.—*Microcosm*.

The Coldest Town in the World.—The coldest inhabited town in the world is, according to L'Union Medicaire, not Irkoutsk, as has been formerly believed, but Verchojansk, in Siberia. In this place the mean temperature during the month of January was -43° F., in February, -56° F., in March, -37° . Once the thermometer recorded -81.4° F.

Tremors of the Earth.—The London *Times* publishes a synopsis of some papers on the "Tremors of the Earth," by the committee appointed to measure the lunar disturbance of gravity and by Mr. G. Darwin, which contains some statements new to the public. It is considered proved by the men of science engaged that the crust of the earth bends under the weights imposed on it, till, "when the barometer rises an inch over a land area like that of Australia, the increased load of air sinks the entire continent two or three inches below the normal level." The land actually sinks and rises under the pressure of the mass of water thrown upon it by the tides. The maximum of rise and fall on the Atlantic seaboard reaches five inches. The effect is felt at the bottom of the deepest mine, and may reach for an unknown distance. It follows that the crust of the earth must be of exceeding tenacity, exceeding as a minimum that of granite, and its swaying may be the cause of phenomena hitherto quite unexplained, as, for example, the relation between storm and earthquake. So universal, frequent and unavoidable are these disturbances that the inquiry into the lunar disturbance of gravity has been given up. No depth can be found at which a recording instrument can be placed so as to escape their effect. The round earth pants, in fact, like a breathing being, under changes always going on above her.—*Journal of Chemistry*.

Vaccinating Live Stock.—M. Pasteur tells the Academy of Sciences of Paris that wonderful results are being obtained in the work of vaccinating live stock as a preventative of disease. During the last year 80,000 sheep, 4,000 head of cattle and 500 horses have been vaccinated. Before this system was introduced the annual loss from liver-rot in one department was nine per cent., while the loss since then has been reduced over one-half. Among flocks partially vaccinated even the loss is one to ten between the vaccinated and unvaccinated. The experiment was fairly tried, the cattle receiving in care and food the same treatment. Among the 4,562 head of cattle vaccinated during the year there were but eleven deaths, the rate of mortality being reduced from 7.03 per cent. to .24 per cent.—*Four. Hoalth*.

An Expert Machinist.—Charles Sommerville, a machinist employed in the lock works at Stamford, is so expert in his business that he can cut an ordinary sewing machine needle in two lengthwise, drill a hole through each half, and then fasten them together so accurately that the place where it was separated cannot be seen.—*Hartford Courant*.

Large Telephone.—Among the special features of the Munich electrical exhibition is a giant telephone which transmits music so as to be audible to the entire audience in a large hall.

Gradual Disappearance of the Spot on the Planet Jupiter.—The great red spot which has been visible on the surface of the planet Jupiter for several years is reported to be growing fainter, and the early disappearance of this remarkable object seems imminent.

PRACTICAL NOTES AND FORMULÆ.

Compound Syrup of Wild Cherry.—F. H. Hazelton (Bridgeton, Maine), in answer to an inquirer, suggests that the preparation may be the following :

Fluid extract of wild cherry.....	2½ fl. ounces,
“ “ “ ipecac.....	½ “
“ “ “ blood-root.....	½ “
Sulphate of morphine.....	8 grains,
Tartar emetic.....	2 “
Simp. syrup, sufficient to make.....	1 pint.

The same correspondent says that a syrup claimed to be made according to the foregoing formula is extensively sold and prescribed in the State of Maine.—*Ex.*

Blackberry Cordial.—

Dried blackberries.....	16 ounces troy,
Or fresh blackberries,.....	4 pints,
Powdered blackberry root.....	12 ounces,
Powdered mace.....	1½ “
Powdered cassia.....	9 drachms,
Powdered allspice and cloves, of each.....	5 “
Sugar.....	60 ounces troy,
Brandy.....	2 pints,
Port wine.....	1½ “
Alcohol.....	1 “
Water.....	q. s.

Soak the berries, if dry, in q. s. of water, and express, and repeat until 6½ pints of juice are obtained. If the berries are fresh, express the juice, and mix water with residue, to wash out all the juice; then add water to make it measure 6½ pints. Mix the spirit with the 6½ pints of juice; moisten the powders with this mixture, and pack in a percolator. Allow it to drain, and pour on water until percolate measures 10 pints; then add the sugar, dissolve, and, if necessary, filter.—*The Pharmacist.*

New Use of Chloral.—B. Bonatti recommends the following mixture as an easily administered, prompt and certain drastic purgative :

R Infusi sennæ.....	300.0 gms.	—	10 fl. oz.
Chloral.....	1.5 to 3.0 gms.		24 to 45 grs.
Syrupi.....	30.0 gms.		1 fl. oz.

The infusion of senna is to be prepared from 90 grs. (increasing, if necessary, to 180 grs.) of senna leaves. The author states that he obtained results with this mixture, after jalap and croton oil had failed to act.—*D. Med. Zeit.*

Hop Cordial.—The following is recommended as a palatable preparation, not inferior to many of the so-called "Hop Bitters" :

Hops	2 ounces,
Dandelion	2 "
Gentian.....	2 "
Chamomile.....	2 "
Stillingia	2 "
Orange peel.....	2 "
Alcohol, water, of each.....	77 fl. oz.,
Syrup, simple.....	12 fl. oz.

Exhaust the solids with the alcohol and water, and add the syrup.—*Pop. Science Monthly.*

Brown's Troches.—

Extract of licorice, powdered.....	2 drachms,
Sugar, powdered.....	3 ounces,
Cubebs, powdered, acacia, powdered, each....	$\frac{1}{2}$ "
Fluid extract of conium.....	$\frac{1}{2}$ "

Beat into a thick paste, and cut into lozenges.

(This is said to be the formula, according to *The Pharmacist.*)

Laxative in Childbed.—Our women have grown rebellious to the old-fashioned laxative, castor oil, as a purgative for lying in women. It is not now considered necessary or advisable to prescribe a purgative the day following the birth of the child, as was formerly the custom. It were better to wait until the third or fourth day, and then open the bowels with an enema, or give a pill of the following combination which will be found mild and efficient as a laxative, and one which does not affect the milk to the injury of the babe—

℞ Soc. aloes.....	grs. xv,
Ext. nux vomica.....	grs. v,
Pulv. ipecac.....	grs. iij,
Ext. hyosciami.....	grs. v.
Make pills No. x.	

M. Dose, one pill. If taken at bed-time will act pleasantly next day.

We have used with good effect Warner & Co's Aloin Parvules in such cases. Usually about 4 or 5 of these parvules will be found sufficient to open the bowels in a mild yet efficient manner. The neatness, the small size and the beauty of these little pills make them attractive and acceptable to the most delicate stomach, and the same may be said of the entire list and variety of those beautiful parvules, as prepared by Wm. R. Warner & Co.

Flatulent Dyspepsia.—The sulpho-carbolate of sodium in doses of 30 grains, after meals, is recommended as a superior remedy in flatulent dyspepsia. It is also useful in 10 gr. doses for nausea and vomiting, particularly in the vomiting of pregnancy.

For Pain Preceding the Menstrual Flow.—For the relief of acute pain in the pelvic region, which not infrequently occurs in women for a day or two antecedent to the occurrence of the menstrual flow, which is, no doubt, due to hyperæmia and hyperæsthesia of the reproductive organs, the Virginia Medical Monthly recommends the following:

R Codeiæ sulph. gr. j,
 Chloral hydrate, }
 Ammonia bromidi, } aa. grs. xx,
 Aquæ camphoræ ʒ j.

M. Sig. For one dose, take at bedtime. A repetition of the dose after that time is rarely necessary. In some cases, a warm sitz-bath, for fifteen minutes before retiring, may be taken with advantage.—*Pittsburg Medical Journal*.

Oxide of Zinc in Chronic Diarrhœa.—M. Gubler has found it most useful in the diarrhœa of phthisis, and whenever ulceration of the uterus is suspected. He gives it in powders in the form:

R Oxide of zinc xxx grs.
 Bi-carbonate of soda x grs.

In four powders, two or three daily.—*Summary*.

Liniments in Muscular Rheumatism.—The following preparations are recommended in a recent issue of the *Gazette Medicale de Paris*:

R Saponis ʒ iss.
 Ætheris acetic ʒ j.
 Camphoræ ʒ j.

M.

Or,

R Tr. aconit. rad. m. l.
 Ung. simplicis ʒ j.

Misce bene et adde.

R Chloroform ʒ iss.
 Morphiæ hydrochlorate gr. 1-5

M.—*Med. and Surg. Rep.*

Dysmenorrhœa Mixture.—

Iodide of potassium 2 drachms.
 Sulphate of iron 1½ "
 Distilled water 2 ounces.
 Tr. of cardamom 4 drachms.
 Syrup of ginger 12 "

Mix; dose, a teaspoonful three times a day, in a little water. Use two weeks before the period, for two periods.—*Medical and Surgical Reporter*.



EDITORIALS AND MISCELLANEOUS.

EDITORIAL NOTICES.

COLLEGE ADVERTISEMENTS.—Read the College advertisements.

TONGALINE.—See the advertisement of this article in this number of our Journal; especially adapted to neuralgia and rheumatism.

FRED STEARNS & Co.—See the advertisement of this great drug establishment of Detroit, Michigan. The house is old and well established, and their preparations neat, varied, beautiful and reliable.

SCHOOL FOR PRACTITIONERS.—We invite special attention to the advertisement of the above school, located in St. Louis. It claims to be the first college where no diploma is given to beginners, there being no degrees conferred except upon graduates in medicine.

A PREMIUM worth having is that which is given to every subscriber to that popular monthly magazine, *Home, Sweet Home*, published by Messrs. Ludden & Bates, Savannah, Ga. It is the Premium Album No. 1, and contains some of the best songs and instrumental pieces ever published; which would cost over \$4 if purchased each piece singly. For 50 cents you can get the magazine for a year, and a copy of this Album. If you want interesting home news, subscribe for *Home, Sweet Home*. Send your name for a free specimen copy to Ludden & Bates' Southern Music House, Savannah, Ga.

Will send the above magazine and the *SOUTHERN MEDICAL RECORD* one year for \$2.25.

SYN. HYPOPHOS COM. C. P.—Be sure and examine the advertisement of the above article, as prepared by J. A. McArthur, M.D., and which may be found in the present issue of our journal.

JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION.—The American Medical Association, at its last meeting at Cleveland, Ohio, decided to establish a weekly medical journal, in which to publish the minutes and the papers of that body, instead of in a book of transactions, which was heretofore done.

This journal has, accordingly, been inaugurated under the editorial management of Dr. N. S. Davis, LL.D., of Chicago. We have received the two numbers first issued, and are pleased to enter this journal on our exchange list. It is a thirty-two page double-column journal, and is creditable in appearance and edited with ability. As a representative journal of the American Medical Profession it will doubtless be warmly received, especially by the more learned and advanced minds in the profession both at home and abroad; and when its able editor shall have time to mature his plans and get fully under headway, we doubt not that we shall have a journal of great and increasing interest. And as the organ through which, from year to year, the great minds of the profession will find expression, it must prove a true and faithful exponent of our medical progress, and of the medical literature of our country.

PRACTICAL ANATOMY.

The bill before the Georgia Legislature to facilitate the study of Practical Anatomy has again failed. That a great State should demand of the Surgeon a knowledge of Anatomy, prosecuting him for mal-practice if he fails to understand it, and yet make penal all efforts to obtain the required knowledge, is an inconsistency unworthy of our boasted civilization.

MEDICAL MINISTRY.

Perhaps there is no word of more significance, and more suggestive of responsibilities and imperative duties, than the word ministry. To minister is to attend, to serve, to supply things needful, to give relief. What an important work is here suggested to the mind, full of noble, faithful, and self-sacrificial performance of the highest obligations resting upon the ministering actor in the work.

To minister, in its truest and best significance, is emphatically a labor of love. It must be an unselfish work—a work of time, of zeal and devotion; an intelligent work, comprehending with clearness and precision its duties and action, and finally, it should be a work in which the whole heart, mind and energies are engaged so that successful results may follow its performance. The lawyer ministers to his clients; the politician to his constituents; the merchant to his patrons, and the instructor to his pupils; but, with the exception of the ambassadors of the Gospel and the mother whose ministrations of love are ceaseless in her unwearied devotion to her child, on no class of persons do these obligations rest as fully and imperatively as upon the minister of medicine.

But though the duties and labors are so great in this work, it has its compensations nobler and better than those of any other profession of an earthly character. It has been said of the philanthropist that,

"The drying up of a single tear has more
Of honest fame than shedding seas of gore."

But who can estimate the worth of the true physician in his ministry of love and humanity to these frail bodies, the harmonious action of which is so easily disturbed by disease, and which are targets at all times for the shafts of man's last dread enemy? Let every physical pain he has mitigated, every rose of health he planted upon the pallid cheek, and every fellow-creature he has restored from an untimely grave, answer the question..

When a physician hears a patient ask, "Doctor, cannot you do something for me?" or a suffering woman cry out in her agony and fear, "Doctor, do help me!" a pure and great joy thrills his heart when he feels that he can relieve the pain of that helpless woman, and turn her appealing cries of distress into smiles of joy and glad words of grateful thanks to her preserver. Yes, these frequent oases are full of strength and refreshment to the ministering physician in his weary and often thankless labor; they are sweet compensations for his toil and devotion, and pure incentives to a still higher and fuller performance of duty.

The true ministry of medicine is Christ-like in its life and character. I say this with all reverence, and it is the highest compliment I can pay the profession, whether regarded in a social, intellectual, or professional light. Like the great healing Exemplar, the true physician goes about doing good. Curing disease, not indeed by miracles, but by a thorough and intelligent knowledge of his work, and a consciousness of his power, and also, by his moral example before those with whom he comes in contact, socially or professionally.

The minister of medicine must also go whenever and wherever he is called upon to give relief to a sufferer.

There is no record where the Savior of mankind ever refused to attend a call upon His mercy, or a claim upon His power; and the physician who fails to answer a cry for help from his fellow-man where it is possible for him to respond and give relief, is false to one of the highest obligations of his ministerial work. For here, Christ-like also, he never wearies in well-doing. Love for the brotherhood of man in its periods of pain and distress, and a profound sense of the greatness of his vocation, are continual incentives to action, and give him an energy that never flags, while he feels a just pride and pure pleasure in the daily and constant exercise of his skill and capacity as a minister to suffering humanity.

Even fear of the dire pestilence does not deter him from the discharge of his conscientious duties, but putting aside all selfish and personal considerations, he offers himself, if need be, a holocaust upon the altar of man's love to his fellow-man, and adds another name to the long list of earth's dead and uncrowned heroes.

T. S. P.

Blue Ridge Springs, Va., Aug. 15, 1888.

[Concluded next month.]

HALL OF THE ST. LOUIS MEDICAL SOCIETY, }
 POLYTECHNIC BUILDING, CORNER 7TH AND CHESTNUT STREETS. }

June 23, 1883.

On June 23d, 1883, Dr. Atwood introduced the following which was adopted by the St. Louis Medical Society, after some considerable discussion:

WHEREAS, At the recent session of the American Medical Association, a preamble and resolution were offered for the consideration of said Association, purporting to represent the sense of the St. Louis Medical Society upon the propriety of preparing a New Code of Ethics, or altering and changing the existing Code in accordance with the present relations of the profession, and

WHEREAS, In said preamble the assertion is made that, "the Code has accomplished all it was designed it should, but at present many of its features are obsolete and not adapted to our wants. The necessity of an early revision is very apparent, is loudly called for in all parts of our land, and cannot be repressed much longer. * * * * * The time has come when the loud and very soon universal call will have to be heeded;" and,

WHEREAS, The St. Louis Medical Society did not instruct, "That the Committee be authorized to prepare a Code of Ethics which in their view will meet the wishes of the profession, and submit the same to the meeting of 1884;" therefore,

Resolved, That the St. Louis Medical Society distinctly repudiates the statements contained in said preamble and again expresses its fealty to the existing Code of Ethics as a time-honored and most suitable fundamental law of the profession, and specially deprecates any action calculated to reflect upon its loyalty to those principles which have heretofore secured immunity from the machinations of schismatics within or enemies without.

A. H. OHMANN-DUMESNIL, M.D., Rec. Sec'y.

*TRANSACTIONS OF THE MEDICAL SOCIETY OF
 TENNESSEE.*

ASSEMBLED AT NASHVILLE, APRIL, 1884.

It contains 104 pages, neatly printed.

The address of welcome was made by Deering J. Roberts, M.D. Also, an address of welcome by Gov. Bates.

Annual Address by W. F. Glenn, M.D., the President—subject, "Is Man Immortal?"—followed by the following interesting papers:

Historical reminiscences, by Thos. Lipscomb, M.D.

Perils of Femoral Hernia. Case reported—Enterorraphy, by A. B. Tadiouk, M.D.

Plastic Surgery, by J. G. Sinclair, M.D.

Ovarian Tumor of Twenty-two Years Duration, by W. D. Haygood, M.D.

Vaccination and Smallpox, by J. S. Nowlen, M.D.

Case of Induced Delivery, by J. W. Davis, M.D.

Obituary of Dr. Chas. K. Winston, by W. P. Jones, M.D.

Obituary of Walter H. Sims, M.D., by Thos. Lipscomb, M.D.

Also, Obituary notice of Rudolph Knaffle, M.D.

We have not space now to notice the papers above-mentioned, some of which contain interesting matter for future reference.

*TRANSACTIONS OF THE MISSISSIPPI STATE MEDICAL
 ASSOCIATION.*

HELD AT MERIDIAN, APRIL, 1883.

The work is neatly gotten out and contains 130 octavo pages. The membership of the Association is large, numbering 300 members. After the printed roll appears a number of able and interesting papers, as follows:

Annual Address by the retiring President, Dr. Wirt Johnson.

Annual Oration by J. W. Trimble, M.D. Subject: Intemperance as a Disease.

Recent Advances in Surgery, by Dr. S. D. V. Hill.

Malarial Hematuria, by Dr. J. E. Halbert.

- Hypodermic Use of the Sulphate of Quinine, by N. L. Guice, M. D.
 Vaccination, by B. A. Vaughn, M. D.
 Splint for Barton's Fracture of the Radius, by John Browning, M. D. Fracture of the Femur, by the same author. External Urethrotomy, by the same author.
 Rupture of the Uterus, by W. E. Todd, M. D. Typhoid Pneumonia, by the same author.
 Whooping Cough, by E. L. McGehee, M. D.
 Trismus Nascentium, by J. T. Hancock, M. D. Abortive Treatment of pneumonia, by the same author.
 Puerperal Convulsions, by L. W. Mabry, M. D.
 Chronic Hydrocephalus, by F. Kittrell, M. D. Mumps, by D. L. Phares, M. D.
 Surgical Case, by R. S. Toombs, M. D.
 The next meeting of the Association will be at West Point, on the first Wednesday in April, 1884.
 We regret that our space will not permit comment upon the above papers, some of which, however, we may glean from hereafter.

TRANSACTIONS OF THE MEDICAL SOCIETY OF THE STATE OF WEST VIRGINIA.

HELD IN GRAFTON, MAY 1883.

- A book of 70 oc. pages, containing Constitution and By-Laws, with Minutes of the Sixteenth Annual Session, with the following interesting papers:
 Annual Address, by President B. W. Allen, M. D.
 Report of Committee on Epidemic Diseases, by R. W. Hall, M. D.
 Report of Committee on New Remedies, by J. M. Lazzell, M. D.
 The Germ Theory of Disease, by E. C. Myers, M. D.
 Abuse of Ergot in Obstetric Practice, by D. Porter, M. D.
 Insanity as a Disease, and the Duty of the Medical Profession of the State Concerning its Management, by George H. Carpenter, M. D.
 Puerperal Fever, with Special Reference to Treatment, by S. L. Jefferson, M. D.
 Report of a Case of Intra-Peritoneal Hematocoele, by R. W. Hall, M. D.
 Record of some Anomalous Obstetrical Cases, by C. F. Ulrich, M. D.
 A list of members, numbering 134, closes the volume. Some of the papers contain valuable suggestions, which we hope to notice, as time and opportunity present.

OFFICERS ELECT.

- PRESIDENT—A. Gerstell.
 VICE PRESIDENTS—O. T. Richardson, M. D.; A. F. Stiffell, M. D.; D. Porter, M. D.
 TREASURER—J. A. Campbell, M. D.
 SECRETARY—S. D. Jepson, M. D.
 Next place of meeting, Clarksburg, 3d Wednesday in May, 1884.

PAMPHLETS RECEIVED.

- Report of the Proceedings of the Illinois State Board of Health Quarterly Meeting, June 20th, 1883.
 State Control of Railroad Rates, Transportation Problems, etc, California.
 Report on Diseases of Women, from the First Congressional District, by R. J. Nunn, M. D., Savannah, Ga. [Reprint from the Transactions of the Medical Association of Georgia.]
 Fifth Annual Announcement of The Southern Medical College, Atlanta, Ga. W. P. Nicolson, Dean.
 One Hundred and Eighteenth Annual Announcement of the University of Pennsylvania Medical Department. James Tyson, M. D., Secretary.
 A Contribution to the Study of Neglected Lacerations of the Cervix Uteri and Perineum, by Thomas A. Ashby, M. D., Professor of Obstetrics, Woman's Medical College of Baltimore, etc, etc. [Read before the Clinical Society of Maryland, May 4th, 1883.]
 Credit: Its Meaning and Moment. By Clark W. Bryan, editor and proprietor of The Paper World, and Manufacturer and Industrial Gazette.
 Antiseptics in Ovariectomy and Battey's Operation: Eighteen Consecutive Cases, All Successful. Battey.

RECEIPTED.

1882.—Drs. W S Morgan, C J Nichols, Jas Sparks, SS Shropshire. L E Meigs, T R Simonton.

1883.—Drs. J R Green, E A Speer, P Taylor, Silas Johnson, Jas B Smythe, Rob't Hall, T S Christian, E A Sylar, M M Sherman, Thos A Boggs.

SPECIAL NOTICES.

Very Handy.—A full set of Ahl's Splints, containing a splint adapted to every fracture in the body can be bought at A. L. HERNSTEIN'S Surgical Instrument Depot in Atlanta at reduced rates, (\$25). Address,

A. L. HERNSTEIN, Atlanta, Ga.

Diabetes.—The attention of the profession is called to a new remedy for the successful treatment and permanent cure of Diabetes Mellitus, *GILLIFORD'S SOLUTION of ARSENITE of BROMINE*. This remedy has also proved very useful in the treatment of a variety of nervous affections. Manufactured and sold by R. H. GILLIFORD, M. D., Allegheny, Pennsylvania. In $\frac{1}{2}$ -pint bottles, \$1.00 per bottle, \$10.00 per dozen. Sent by express on receipt of price. Sample free to physicians. July, 1883—12 ms.

Surgical Instruments.—A branch house of the New York establishment of A. L. HERNSTEIN, has been established in Atlanta, and will constitute a convenient depot whereat anything in the Surgical line can be bought or manufactured. The Profession throughout the South should note this as an important indication of Southern progress, and should show their appreciation of the same by giving this establishment their encouragement and patronage.

McKESSON & ROBBINS.—This great Drug Establishment of New York, has a wide and long established reputation as reliable and eminently successful business men. Their various preparations are of acknowledged excellence and purity, and are unequalled for the neatness, taste and beauty with which they are presented to the trade. See their advertisement opposite 1st page of reading matter in this Journal.

More of **ELLIOTT'S SADDLE BAGS** are sold than all other patterns combined. One thousand have been shipped to different parts of the country since January 1st. The proprietor invites a thorough investigation and comparison of every Bag in the market. The U. S. Government did this in 1879, and adopted the ELLIOTT. Doctors that do the same thing get the standard article. Send for circular to
A. A. MELLIER, 706 Washington Avenue, St. Louis, Mo.

FEARE, DAVID & CO.—This magnificent Drug establishment, located at Detroit, Mich., have, by unremitting perseverance and faithfulness in all their business interests, obtained the confidence and good will of the medical profession throughout the entire country. They have accomplished much for the progress of Medical Science and largely benefitted mankind by the introduction of new and important Drugs. They are entitled to the thanks of the Profession, and justly deserve the high reputation to which they have attained.

Wm. R. Warner & Co.—This splendid Drug House, so widely and favorably known, both to the home and foreign trade, continue to maintain their high position. Their preparations are regarded by the profession everywhere as unsurpassed for purity and elegance. In respect to their quinine pills, so deservedly popular, the following certificate has been published:

PHILADELPHIA, PENN., December 22, 1882.

An analysis of seven samples of Quinine Pills, obtained without knowledge of the manufacturers, was made and published in the American Journal of Pharmacy by me, and those made by William R. Warner & Co., were found to be correct as to quantity and purity of Quinine.
HENRY TRIMBLE, *Analytical Chemist*.

Purchasing Agency.—We have established a Purchasing Agency in connection with the Record office, by which parties desiring goods of any kind may order through us what they want, which they can obtain at lowest rates and save the expense of a trip to the city. Strict attention to the interest of the purchaser will be observed in the selection of articles. Subscribers to this Journal will be charged no commission for purchases made through this Agency. Cash should accompany every order. Address,

Dr. R. C. WORD, Managing Editor, Atlanta.

Food for Infants and Invalids.—Among the many food preparations which experience, in connection with the modern advances in chemistry, have brought into use, the article known as **RIDER'S FOOD** has been extensively used and has a reputation long established and most favorable. In ~~any~~ part of this Journal may be found an advertisement of this valuable preparation, which the Physician will do well to examine.

T H E

Southern Medical Record:

EDITORS:

T. S. POWELL, M.D. W. T. GOLDSMITH, M.D. R. C. WORD, M.D.

R. C. WORD, M.D., Managing Editor.

~~ALL~~ All Communications and Letters on Business connected with the RECORD must be addressed to the Managing Editor.

VOL. XIII. ATLANTA, GA., SEPTEMBER 20, 1883. No. 9.

ORIGINAL AND SELECTED ARTICLES.

THE THERAPEUTIC ACTION OF MINUTE AND FREQUENTLY REPEATED DOSES OF MEDICINES.

By G. G. ROY, M. D.,

Professor of Materia Medica in Southern Medical College.

About four years ago, a young lady from one of the lower counties of Georgia, was placed under my care for the treatment of a long continued uterine trouble with obstinate amenorrhœa.

After an operation upon the cervical canal—which relieved what was apparently the great trouble in her case—the obstinate amenorrhœa continued, with great irritability of the stomach in the face of the usual remedies administered in the ordinary doses for this sometimes exceedingly troublesome disorder.

Acting upon the suggestion of Ringer and others, I put the patient upon one drop doses of the fluid extract of ergot every hour with instructions to take two doses every two hours should she forget or from any cause fail to take the medicine every hour. This she did for a week or ten days, with improvement more prompt and satisfactory than I had anticipated.

From such satisfactory results, with minute doses of ergot, and still following the suggestions of Sydney Ringer, Bartholow and

other modern therapeutists, I continued to prescribe minute and often repeated doses of other medicines, with a similar satisfactory result.

In cases of engorged liver, with irritable stomach, and frequently in a condition of that organ amounting to severe catarrh, I used calomel in the doses of from 1-12 to 1-5 of a grain combined with a little bicarb. of soda and administered it every two to three hours, with the effect of arousing the secretions and relieving the engorged capillary condition of the organs involved, more promptly, more effectually and with less distress to the patient than it has been my good fortune to obtain with the ordinary larger doses administered in the usual way.

I have, too, succeeded in relieving bilious headache resulting from obstinate constipation with Warner & Co.'s granules of minute proportions of aloin, strychnia and belladonna administered several times during the day for a week or ten days. And long anterior to the knowledge of the existence of these preparations of Warner's, I have succeeded effectually in relieving obstinate constipation with the extract of belladonna alone, administered in doses of 1-20 to 1-10 of a grain three times a day, and perseveringly continued until the desired result was manifest.

It is well to say, just here, that in some cases of obstinate habitual constipation our patience will become quite threadbare, and tired of waiting to see the desired effect of this remedy in these cases, but we must cling to the latin maxim of 'Perseverentia' etc., and my word for it your labor will not have been in vain, and you will live to see the day when your patients will begin to feel and look a little threadbare in flesh if the remedy is continuously persisted in.

I have also used this remedy—extract of belladonna—in similar small doses, but more frequently repeated, in facial and other forms of neuralgia, with marked relief to my patients.

In truth, I believe that the therapeutic value of belladonna as a remedy in many of the neuroses, and in those conditions in which the muscular fibrillæ of the intestines and other viscera of the abdominal and thoracic cavities have borne as great a tension or strain as it is possible for them to bear without a tranquilizing and tonic relief, is but poorly appreciated. Much of the prejudice against this medicine, which has, for a long time, existed with the regular profession, has been due to the extraordinary and miraculously vaunted virtues of the drug by the homeopathist and other

rrregular practitioners. Nothing so quickly injures a good cause as to be championed by disreputable advocates.

The resin of podophyllin is another remedy which has been given in minute doses, say, 1-10, 1-20 and 1-40 of a grain with great satisfaction, for the relief of obstinate constipation, torpid liver and all the unpleasant train of dyspeptic symptoms resulting from these conditions.

In doses of 1-40 of a grain night and morning—not sufficient to produce any purgation—podophyllin has been highly recommended for what has been termed its alterative effect; and a recent writer in the Chicago Medical Times, says it is highly useful in a case like this, *i. e.*, “A busy, worried, overworked man, who takes perhaps too little exercise—feels all day, but especially in the morning—dull, depressed; his mind inactive and indolent, and he is irritable.

He has, perhaps, a stupid feeling; he is often bilious-looking, and is dark around the eyes. Now, these symptoms, no doubt, often accompany sluggish bowels, and can be relieved by any purgative, but they not uncommonly occur where the bowels are regular and the motions natural in color. *In all such cases the small non-purgative doses of podophyllin are most serviceable.*”

Aconite is another remedy whose administration in minute doses has given excellent results, “Especially for the purpose of reducing temperature and checking inflammatory process.” This remedy receives the highest recommendation from both Ringer and Bartholow. The latter speaks of it as a powerful agent which will produce manifest results in small doses.

Nux Vomica, according to Ringer, is possessed of real curative powers for sick-headache accompanied with acute gastric catarrh, whether due to error in diet, constipation or no apparent cause. He also regards it, administered in small and frequently repeated doses, as useful in many disturbances of the gastric function.”

Dr. A. A. Smith, Prof. of Materia Medica and Therapeutics and of Clinical Medicine in Bellevue Medical College, in a recent lecture, says: “One of the most important remedies which can be administered with great benefit in frequently repeated doses, is ipecac.” “We have all been educated to believe—as taught also by experience—that this medicine is a most certain and efficient emetic; but experience has likewise demonstrated the fact that a single dose of the wine of ipecac will often arrest obstinate vomiting. It should be repeated every 10 or 15 minutes. When administered in this manner he has often known it to relieve vomit-

ing from different causes, among which are pregnancy and sub-acute gastritis. Children often vomit from very slight causes, and are likely to suffer from diarrhœa and vomiting which has no other assignable cause than disturbance of digestion."

A single drop of the wine of ipecac, repeated every 15 or 20 minutes, will often produce the most marked relief, both from the vomiting and diarrhœa.

Thus administered the drug is not nauseating and is easily taken.

Upon the authority of Trousseau and his successor, he asserts what at one time appeared to him to be incredible, viz: that one-sixtieth of a grain of calomel taken every hour for ten or twelve hours will relieve the headache of syphilis occurring at night. Dr. Smith says that he has given 1-40th of a grain doses in this manner and obtained the results which they claim for it, but he has not tried it in doses of 1-60th of a grain. He found marked relief by the second or third night.

"One-twenty-fourth of a grain of mercury with chalk, administered every 15 or 20 minutes is often of great benefit in the vomiting, and non-inflammatory diarrhœa of children."

A single drop of the tincture of nux vomica, given every 10 minutes, will often produce most marked relief in sick-headache not of neurotic origin. It should be given immediately or soon after meals.

I am sure you will find, in organic diseases of the heart, where digitalis is indicated—if given in minute doses, say one drop of the tincture every hour or half-hour, its beneficial effects are more certain and satisfactory than if administered as it is ordinarily, in 10 or 15 drop doses three times a day.

In neuralgias of the face and head, the strong tincture of gelseminum, if given in one drop doses every hour or half hour are much more efficacious than administered in the ordinary doses at the usual intervals.

I must refer you to Ringer's "Handbook of Therapeutics" for his experience in the use of minute doses of tartar emetic in bronchitis of children—of minute doses of mercury in cases of syphilitic headache, (already referred to) and corrosive sublimate in a certain variety of the diarrhœa of children—of this latter he says:

"In a form of diarrhœa in children likely to be mistaken for dysentery, but when the general symptoms are mild, and the special features are secondary to the diarrhœa, corrosive sublimate will be found to render most satisfactory service in effecting a

cure." The principal indication for the use of corrosive sublimate, he says, "is the mucous character of the stools, whether containing blood or not."

Time will not permit me to further pursue this list of remedies whose efficiency has been tested by the unfailing rule of experiment and experience, but the profession has been awakened to the advantages of this matter by the writings of Ringer, Bartholow and others, and I think we can anticipate the day when this mode of administration of remedies will be given a thorough trial by the members of the regular medical profession.

If you ask me the reason for the enhanced efficacy of remedies thus administered, I cannot tell you Bartholow says that the therapeutical action is the physiological antagonist of the diseased action.

"The only certain principle of action, however, is found in actual experience."

Should this mode of administration stand the test of thorough experience, physicians will have found a long-desired boon in the treatment of children, which is often so unsatisfactory in consequence of a natural repugnance to all medicines.

OIL OF GAULTHERIA.

BY J. H. LOGAN, M. D., OF GEORGIA.

I wish to give to the readers of your Journal the benefit of my experience with the oil of gaultheria in the treatment of acute rheumatism. The patient was a female, 18 years of age. Both wrist joints and the joints of all the fingers was attacked; the pain and swelling were considerable, with high fever. The patient could not move a single joint affected. I put her upon 15 grain doses of salicylic acid every six hours with opiates to relieve the pain. This treatment was kept up three days with no relief, in fact the patient continued to grow worse. The salicylic acid was discontinued and the alkaline treatment substituted; this was pushed to the extent of saturation, still no relief was obtained, all seemed as though my patient could not survive another day without help.

Realizing the little good accomplished by the remedies used, I cast about me for more efficient weapons to fight the enemy with. I noticed in the SOUTHERN MEDICAL RECORD, in the March number, 1882, on page 110, what Mr. P. Casamajor says in regard

to the oil of gaultheria, I determined to try it, and at once put my patient upon the following :

R Salicylic acid..... ʒ ij,
 Oil gaultheria..... ʒ j,
 Sul. quinine..... grs. xij,
 Carb. magnesia..... grs. xv.

M. Make into 12 powders. Sig. One every 4 hours.

The carb. magnesia and oil were first triturated together and the other ingredients added and thoroughly mixed.

After the third dose the pain and fever began to subside, and in two days there was a very perceptible change for the better, the pain, swelling and fever rapidly subsiding, and the patient going on to convalescence. In six days after this treatment was commenced the patient was discharged cured. I am confident the cure was due to the use of the oil of gaultheria, as the salicylic acid had been sufficiently tried.

I hope the readers of your Journal will give the oil a trial and report. I for one (with this remedy in my hands) cannot agree with the distinguished doctor who said, "It takes six weeks and a blanket to cure rheumatism."

AN UNRECOGNIZED CAUSE OF GASTRO-INTESTINAL IRRITATION IN A CHILD DISCOVERED.

By G. G. Roy, M.D.,

Professor of Materia Medica in Southern Medical College.

The perplexity of the physician in assigning the *true cause* of many of the severe complaints of children is often very embarrassing. So it has occurred to me—not once, but many times. And this is not to be wondered at—and, I think, by no means evinces a lack of sound discrimination or a criminal want of etiological knowledge of disease on the part of the physician. Fearing our reputation for professional wisdom may suffer criticism at the hands of our patrons, especially the female attendants of our patients, are we not too apt to assign **SOME CAUSE** for the many changing phenomena of many of the obscure cases we meet with, hoping only to satisfy the inquisitive demands of the friends of the sick. I do not pretend to say that this is, by any means, *the rule*, but that it is often the case I feel confident.

The causes of disease in children, and adults, known and un-

known, are so numerous that the intelligent physician is rarely at a loss to ascribe some plausible cause for most diseases; but that we may be mistaken in one of the most common complaints of children at this season is shown by the following case, which came under my observation a few weeks ago:

I was called upon, at my office, by the mother of a child I had delivered some eighteen or twenty months ago, for a prescription for her baby. Her statement was that, late in the night previous, after being put to bed in perfect health, the infant aroused her by its screams, and in a short while begun to vomit; this continued, at intervals, for several hours, when the motions of its bowels became very frequent—threatening, as she thought, an attack of cholera infantum.

Considering it an attack of disordered stomach and bowels from something the child had eaten, I prescribed a mild anodyne astringent, which only gave temporary relief. In a day or two I was called upon again to prescribe, with the statement that the child's bowels seemed to be getting worse, instead of better, and there was more evidence of pain. I requested her to give it two teaspoonfuls of castor oil, with a drop or two of spirits turpentine, in a little whisky toddy, and in the afternoon report its condition.

This was done next day by the father of the child. He reported the baby better, but it had passed from the bowels, after considerable straining, in its last action, a *mouse* nearly full grown—"tail and all". This I doubted—never having heard of such an occurrence—and did not credit it until he brought the mouse to my office preserved in whisky, with the statement from the mother that she saw the baby pass it.

The mouse is still in my office, and has been examined by a number of professional friends, and the case was reported at a meeting of the Atlanta Medical Society, and none of the medical gentlemen had ever seen or read of a similar case.

The mother's theory of this rather unusual case is this: The weather being very warm, the baby was found to rest better on "a pallet," spread upon the floor of the chamber, and this "pallet" was spread with bedding kept during the day in a closet infested with mice; that this mouse was secreted in the folds of the bedding when the pallet was spread at night, and that, during the night, being of a migratory nature, he concluded "to change front" and, in doing this, wandered to the child's mouth, that was open, and, thinking it a snug hole in which to hide himself, en-

tered, but the child, not being accustomed to such a morsel, clutched down upon his lordship's caudal extremity, which gave him a frightened impetus forward, which he could not, or would not, arrest until the child's stomach was reached. Then began his gyrations for release, which produced the screaming and vomiting that occurred.

The mouse, when brought to my office, presented a shrunken and glazed appearance (due chiefly to the maceration in alcohol), but still encased in a very perceptible coating of the child's mucus.

Now this, I know, is a strange story, but a true one. It will be of great interest to medical men, and will put them to thinking; but it will be of greater interest, coupled with dreaded foreboding, to the thousand and one mothers who may hear of this case, and it will put them to *watching* the mouths of their dear little ones, to see if *they* sleep with them wide enough open for a mouse of *any size* to enter while they are asleep.

EXTRACTS FROM A PAPER ON THE PREVENTION OF INSANITY.

BY NATHAN ALLEN, M.D., OF LOWELL, MASS.

In all the discussions on insanity found in reports, journals and books, there is scarcely a reference to prevention, till within a few years. The most decided statement appeared in the 17th annual report of the Commissioners in Lunacy for Scotland. This is so much to the point that I am induced to make the following quotations:

"It is impossible to come to any other opinion than that insanity is, to a large extent, a preventable malady; and it appears to us that it is in the direction of preventing its occurrence, and not through the creation of institutions for its treatment, that any sensible diminution can be effected in its amount. Lunacy is always attended with some bodily defect or disorder, of which it may be regarded as one of the expressions or symptoms.

"We must, therefore, attempt to prevent its occurrence in the same way as we attempt to prevent the occurrence of what are called ordinary bodily diseases; and if it be admitted that, to a large extent, preventable diseases exist among us in consequence of this ignorance of the people, it is clear that we can only convert the preventable into the prevented by the removal of that ignorance through a sounder education. Men must be taught that it is their duty, and not merely their interest, to understand the laws of health and to make them eventually the rule of their conduct. In short, we can only hope that preventable insanity, like other preventable diseases, will be diminished in amount when the

education of men is so conducted as to render them both intelligent and dutiful guardians of their own physical, intellectual and moral health.

"To this, and not to any machinery, however good it may be, for the cure and treatment of insanity which has actually arisen, can we reasonably look for a diminution in its amount."

No higher testimony on this subject could be quoted than that from the Lunacy Commissioners of Scotland. Several distinct points are here brought out: 1st. That insanity is a disease, and can be prevented, as other diseases are. 2d. For this purpose similar means must be used as are employed to prevent diseases generally. 3d. The public must be better educated and trained in respect to the laws of health. 4th. By this process only can we expect a diminution of the disease. Lunatic hospitals alone will never do it.

* * * * *

Hereditary Influences.—No fact connected with insanity is more firmly established than that it largely originates directly from inherited tendencies; and, if we include all weaknesses, imperfections and diseases rising from the same source, it may be found that more than half the insanity of the present day can be traced directly or indirectly back to hereditary sources. By careful study and observation it is not difficult to discover the physical differences and hereditary tendencies in the families here described.

Let it be understood, more and more, that disease and insanity come mainly from inherited causes; let young men and women become thoroughly acquainted with such facts, and it must lead to greater carefulness in forming matrimonial alliances.

When the community is generally informed on this subject, inquiries will at once be made as to the health, the constitution, and the inherited tendencies of candidates for marriage. Such inquiries are already made in a quiet way, and they must increase, in the very nature of things.

In the prevention of disease and insanity, then, heredity has a powerful influence.

There is such a thing as a normal standard of physiology, where the structure and functions of all the organs of the body, including the brain, are well-nigh perfect. With such organizations to start with in life, how would disease and insanity diminish! And just in proportion as we find organizations approximating to this standard, do we find less disease of body and mind. It is true, the environment, the circumstances, the habits and employments of individuals, have a powerful influence on their health and mental development. All these things may unfavorably affect, to some extent, those having naturally the best organizations; but their effects would not compare, in extent or magnitude, with the evils growing out of weak, diseased and ill-balanced organizations.

The fault does not arise merely from the want of soundness in structure or health of function; but often from the want of balance and harmony in action. This is the starting-point, not only of a great deal of disease, but of much mental derangement. If there

could be a more perfect balance or harmony in the exercise of all parts of the body, including the brain, it would prevent a vast amount of disease and insanity. It might take two or three generations to bring about these changes, but they would assuredly come, provided the proper means were used. Such changes would constitute a radical and permanent improvement.

Causes of Insanity.—In the last quotation from Sir James Cox, is a summary of the primary causes of insanity, from one who had made the subject a special study for over twenty years. Says Sir James, the leading factors are "dissipation in its various forms, overwork, meagre fare, lack of ventilation and neglect of moral culture." It will be seen that each one of these covers a great deal of ground. Passing by the last point—neglect of moral culture—the other four constitute the chief sources of disease of all kinds, some of which terminate in mental derangement. But nearly all these great agencies, productive of so much disease of body and mind, are subject to human control, and can be more or less checked, if not entirely prevented.

The first named, dissipation, is a fruitful source of insanity. This may consist in drinking habits, in the use of tobacco and opiates, or in the abuse of the sexual organs by licentiousness and solitary vice. These evils are all the results of voluntary acts, the work of a free agent, and so they can be prevented.

Overwork of body or mind not infrequently brings on mental derangement.

Meagre fare and bad air are evils which multitudes of poor people cannot always escape. Neglect of moral culture is an evil directly connected with the choice of individuals, and the state of public morals. It is a sin or an evil which can be corrected, wherever the fault may be, and there certainly can be no necessity or justification for any neglect. Dr. Henry Maudsley, the distinguished foreign alienist, spoke on this point as follows:

"It is to the perfecting of mankind by the thorough application of a true system of education that we must look for the development of the knowledge and the power of self-restraint, which shall enable them, not only to protect themselves from much insanity in one generation, but to check the propagation of it from generation to generation. Unhappily, we are not yet agreed as to what should be the true aim and character of education. Regarding the subject from a scientific point of view, the best education would seem to be that which was directed to teach man to understand himself, and to understand the nature which surrounds him, and of which he is a part and a product, so as to enable him, as its conscious minister and interpreter, to bring himself into harmony with nature in his thoughts and actions, so to promote the progressing evolution of nature through him, its conscious self."

Dr. Maudsley, here speaking of "perfecting mankind," says that it cannot be done till we have a "true system of education." The only way it can be done is through the body and the brain, and to do it we must also have some standard before us, some guiding principle to aid us. As to the "propagation of insanity" by hered-

itary influences, how can we understand the laws of inheritance unless we have some standard in physiology? When the laws of this science are fully understood, it will be found that the most powerful agencies for preventing insanity lie in this direction.

Again: it is well understood that the most favorable time to cure insanity is in its first stages; on this account, it is constantly urged that all insane persons, just as soon as any marked symptoms of the disease appear, should at once be sent to a lunatic hospital. This counsel has generally prevailed in acute and violent cases, but in the milder forms of the disease the friends frequently object and delay. It is a great step to take; there are certain forms of law which must be complied with; then, the dread of its effects on the patient, the trouble attending the removal, and the anxiety about the situation and treatment of the patient in the hospital, etc.: all these things cause delay, sometimes for weeks and months, and may prevent the patient from going till the acute stages of the disease are passed. The complaint is often made by superintendents that large numbers are sent to the hospital who cannot be cured, because they come too late. This is given as one of the reasons why the rate of cures is so small; for, taking all admitted into our hospitals, only about forty per cent., on an average, actually recover.—*Psychological Journal*.

THE THERAPEUSIS OF REMITTENT FEVER.

BY A. M. PELTON, M. D., DEMMING'S BRIDGE, TEXAS.

In malarial remittents the indications are: 1. To neutralize the malarial poison. 2. To relieve vascular pressure. 3. To remove morbid secretions. 4. To disperse accumulated heat.

The various preparations of Peruvian bark meet the first indication more nearly than any other; the sulphate of quinia standing at the head of the list. The best antiperiodic effects are obtainable during the remission. The amount of sulphate of quinia given during each remission should be from fifteen to thirty grains in one, two, or three doses, and timed so that the last dose should be given four hours before the beginning of the next exacerbation. If, however, the case is seen but once each day or every second day, it may be a better plan to give eight or ten grains of the sulphate of quinia every eight hours, without much reference to the remissions; or perhaps it may be preferred to give fifteen or twenty grains at each dose, morning and evening, and twelve hours apart.

There are three methods by which to relieve vascular pressure: First, by stimulating the vaso-motor nerves. Second, by diminishing the force of the heart's action. Third, by lessening the amount of fluid in the blood vessels of the congested organs.

The nervous and arterial stimulants, and probably quinine also, have the power of stimulating the vaso-motor nervous system,

thus forcing the blood out of the congested internal organs into the general circulation. A favorite prescription with me is Dr. Rezin Thompson's fever syrup, of which the following is the formula :

R	Syr. rhei.....	f. ʒ jv,
	Tinct. valerian.....	f. ʒ ij,
	Ol sassafras.....	gtts. xx,
	Piperine.....	grs. x,
	Sup. carb. soda.....	grs. xx.

M. Adding the valerian last. Give one tablespoonful every two or three hours in half-glass of water or sweet milk.

Under its use the remissions become more marked and prolonged and frequently at the expiration of twenty-four hours there is a very decided fall of the temperature. In many cases convalescence follows earlier than with any other plan of treatment with which I am acquainted. The following prescription from Dr. Thompson is also very effective in some cases—

R	Muc. g. acacia.....	f ʒ jv,
	Morph. sulph.....	grs. jv,
	Ol. terebinth.....	f ʒ j,
	Spts. lavendulus co.....	f ʒ j.

M. Give one teaspoonful every two or three hours. Stimulating the vaso-motor nervous system, gives good results in all forms of remittent fever, and especially in the early stage of the sthenic form, and in the adynamic form throughout its course.

Diminishing the force of the heart's action, can be accomplished by the use of nervous and arterial sedatives, such as aconite, gelseminum, veratrum viride, digitalis, chloral, antimony, etc.

The following is an old and effective formula—

R	Vin. ant. et pot. tart.....	m xx,
	Tinct. hyoscyam.....	m xxv,
	Tinct. opii.....	m xv,
	Liq. ammon acet.....	f ʒ j.

M. Give every four hours.

If chloral hydrate is selected, it should be given in five grain doses every three hours; if veratrum viride, it should be given in doses of one or two drops of the officinal tincture every hour or second hour; if gelseminum, the dose should be from five to ten minims of the fluid extract every two hours. Where the skin is moist, tincture of digitalis, minims fifteen with a mineral, acid every four hours or six hours, has been highly recommended.

The following is a favorite plan of controlling fever: give a drop or a half drop of the tincture of aconite with one-eighth drop of carbolic acid in a teaspoonful of water every ten or fifteen minutes for one or two hours, and afterwards hourly or every second hour. Should it produce much prostration with a feeble and weak pulse, then reduce the dose. The carbolic acid is added to relieve any nausea which may be present. Diminishing the force of the heart's

action is well adapted to sthenic cases, when there is a reliable and competent nurse, or the physician can give it his personal attention.

The amount of fluid in the congested organs can be lessened by blood-letting, either general or local, by evacnants, by derivatives, or by poultices. Large poultices applied over the abdomen dilate the blood-vessels of the skin, thus taking a quantity of blood out of the general circulation, and they also render the bowels more easily acted upon by laxatives. Stimulating liniments rubbed along the spine and over various portions of the body frequently give great relief; so also mustard sinapisms applied to various parts of the body. Rubbing the surface of the body with tincture of capsicum, or with strong mustard baths in connection with nervous and arterial stimulants are generally very beneficial, and are sometimes followed by profuse perspiration. The method of employing the mustard baths is, to add to tepid water sufficient mustard, then with a cloth apply to a portion of the body with friction, then wipe dry with a coarse towel, and apply to some other part of the body, giving special attention to the back and limbs. These baths should be repeated every six or eight hours.

In most cases the secretions and excretions discharged into the alimentary canal, are lessened in quantity and vitiated in quality. It is very important that the alimentary canal and the glandular apparatus opening into it, should be assisted in their efforts to remove waste and effete products from the system. In fact, quinine and moderate purgation alone are equal to the cure of the majority of malarial remittents. Early in the disease the following powders may be given :

R Hydrag, chlor mitis..... grs. vj to viij,
Soda bicarb..... grs. x to xij,
Sacch grs. xij to xv.

M. Ft. charts No. 3. Give one every two hours.

Should they not act freely on the bowels, follow with either sulphate of magnesia, oleum ricini, or a pill similar to the following ;

R Pododyhyllin grs. ss,
Aloes..... grs. viij.

M. Ft. pills No. 4. Give two or three pills for a dose.

The mercurial, sulphate of magnesia, or pills should be repeated as often as is necessary, in order to keep the bowels open. The skin and kidneys will probably receive sufficient medication through the measures already indicated, though it may be desirable to administer some of the salts of potash, or spirits of ætheris nit.

Some practitioners depend on large doses of quinine, from twenty to thirty grains of the sulphate, once, twice or three times daily, to disperse accumulated heat, and also to retard heat production. Others prefer the direct abstraction of heat by the application of cold water, either by sponging, the wet pack, the wet

sheet, or cold bath. Frequent sponging of the surface of the body with cold or tepid water, acidulated or not with vinegar, can be made very effective for the dispersion of accumulated heat, and is generally applicable where there is a dry skin. Exposure of the surface of the body to the atmosphere is often beneficial. In private practice the wet pack, the wet sheets, and cold baths are not generally applicable, and so great is the popular prejudice, that the physician who frequently resorts to these methods, will soon be apt to find his practice leaving him; yet excellent results sometimes follow their use.—*Southern Practitioner*.

ANÆSTHETICS IN LABOR.

BY E. HERRIOTT, M.D., JACKSONVILLE, ILL.

We expressed our views on this subject in a report to the Illinois State Medical Society in 1880, which embraced our experience of fifteen years with and without its use. Since then we have had no occasion to make any observation without, except where the patient or friends absolutely opposed, and this has been exceedingly limited. By their use the fears of the accoucheur, as to lacerations, exhaustion, and a train of troubles following, are to a great extent allayed by thoroughly relaxing the circular fibres of the os uteri, and all the soft parts, without arresting contractions of the body of the organ upon its contents; by allaying reflex irritation, allowing the organ to exert only its natural powers untrammelled, seldom calling into requisition the aid of the forceps; yet, when they are required, every preparation for their use has been completed, and no dread fears of them excite the patient. The annoying, cutting and exhausting pains before and during the relaxation of the os are abated; the dreaded agonies that are to follow are shorn of their terrors; finally, strength and tranquility reign supreme, instead of that crushed, lacerated and exhausted feeling from having had the arms almost torn from their sockets in the desire to aid the expulsive efforts. Hearing that welcome sound, the cry of her child, scarcely can she realize that the dreaded torture is over, for the time recently passed has been like a fairy dream to her. But enough on this branch, as it is found fully detailed in the Transactions of 1880, which contains practical facts.

As to the expulsion of the placenta, there is no period of labor where good judgment and skilled management are more important. Playfair says the cardinal point to bear in mind is, that it should be expelled by a *vis a tergo*, and not drawn out by a *vis a fronte*. Consequently, the estimate recently made on the average strength of the umbilical cord by Dr. Neville, of Ireland, is not of much advantage in this respect. In one hundred and twenty-five cords his experiments show, in those where the blood has been allowed to flow an average strength of twelve and five-twelfth pounds; where it was not allowed to flow, eleven pounds. After

the expulsion of the child, the attendant seats himself by the side of the patient, places the hand over the abdomen, and gently grasps and kneads the organ until normal circulation is established; then, grasping the organ more firmly about its center, squeezes continuously and firmly in a manner to expel the contents, keeping the fundus above the little finger and heel of the hand that the organs may be retained well up in position, while he makes very gentle traction on the cord with the other hand. After the expulsion, it should then be held and kneaded until it is found well contracted. The placenta expelled with caution in this manner is a material safeguard against hemorrhage. Nothing particularly new has been offered, within the past year, in the treatment of the latter. Lowering the head and shoulders, ice, alum, styptics with hot and cold water inside the womb, cold and kneading externally, ergot, iron, lead, etc., internally, electricity when convenient, grasping the os with the hand and stimulating it to contraction, digital pressure over the abdominal aorta, etc., are all well-known remedies to the profession.

One respondent much prefers the comp. liq. iodine, used on cotton lint and applied with the dressing forceps, to the preparations of persulphate of iron.

Very cold water poured in a small continuous stream over the abdomen readily produces capillary contraction; is a remedy that is always at hand, and that will produce, perhaps, as satisfactory results as any other single remedy, though one that seems to have been very much overlooked.—*Clinical Brief*.

ACUTE LARYNGITIS.

BY DR. C. E. NELSON, N. Y.

Common inflammation of the windpipe is not frequently met with. A case of great severity occurred in the practice of Dr. Schultze in the summer of last year, in this city. The patient, a stout man, in a few days got seriously worse, when on July 15th (a fearfully hot day), the day on which I was called in consultation, he seemed to be totally unconscious of all his surroundings, as far as external signs and appearances were concerned. For about three days he had not answered when spoken to; eyes tightly closed; and, seemingly, did not change his position in bed day in and day out. I saw him with Dr. S. at 3 p. m.; he seemed to be in such a serious condition that, upon consultation, we deemed it advisable not to trouble him much with medicine, but concluded simply to order brandy and ammonia. The next visit together, at 9 p. m., the family seemed to consider he was easier; calomel with opium (and no local treatment whatever) were then prescribed.

July 16th.—Morning visit. They said he passed the night pretty fairly. With the larynx swollen and inflamed, there was no getting any information out of the patient himself. Before our visit this morning he had had two slight convulsive tremors, showing his dangerous condition. Very soporific; eyes tightly closed

all the time: patient lying on his back. With great difficulty we got him to open the eyes once, when the pupils were seen to be dilated; however, the lids were closed firmly again, remaining so. Temperature and pulse normal; feet and legs cold. The heat of the room was so stifling that the window had to be opened a little behind the shade. Pulse weaker in stroke; tongue moist, but brown. He breathes normally. On auscultation, respiration was found to be normal.

Treatment.—Six leeches. Calomel with opium [this sounds very much like the old-fashioned anti-phlogistic times; but it does not matter how you get well, as long as you do get well]; also, cherry brandy. Giving brandy in such a case as this would have been considered a heresy forty years since; but stimulation, undoubtedly, is often a useful adjuvant.

9 P. M.—Evening visit. The people say he is better. Has had a dark passage from the bowels. A dose of Dover's powder for the night. [Dover's powder!! Let us go back to the time of the Crusades at once.] However, Crusades or not, next morning the patient recognized his medical attendants, talked in a pleasant manner, and the brunt of the battle between life and death was over. A nice pulse; nice moist skin; tongue moist. On the next day afterwards, on the 18th, a simple mixture was prescribed, such as is given for coughs. This practically ended the case.

It is very doubtful if the prevailing quinine and iron treatment would have saved this man. Fashion is a very good thing in ladies' bonnets; but we doubt if it be a safe guide for our bodily ailments.—*The Planet*.

TRANCE IN A HYSTERICAL WOMAN.

Rosenthal has recorded an interesting case of trance in a hysterical woman, in which a country practitioner had declared to have ensued, as a looking-glass held to the mouth did not show any moisture, and melted sealing-wax dropped on the skin caused no reflex movements. Rosenthal, who was accidentally present, found the skin pale and cold, the pupils contracted and insensible to light, the upper and lower extremities relaxed, the heart's impulse and the radial pulse imperceptible. Auscultation, however, showed a feeble, dull, and intermittent sound in the cardiac region. No respiratory murmurs were audible. All the muscles of the face and extremities responded well to the faradic current. Although the patient had been apparently dead for 32 hours, he thereupon informed the relations that it was only a trance, and recommended that attempts at resuscitation should be perseveringly followed.

On the following day he received a telegram to say that the patient awoke spontaneously twelve hours afterwards, and gradually recovered. Four months afterwards, the patient called upon him, and informed him that she knew nothing of the commencement of her attack of lethargy; that she had afterwards heard the people about her talk of her, but had been utterly unable to give the slightest sign of life. Two years afterwards, she was still alive and tolerably well.—*Weekly Med. Review*.

ABSTRACTS AND GLEANINGS.

Salicylate of Bismuth in Typhoid Fever.—Prot. Henri Desplats, after a careful study of the antipyretic action of carbolic acid, salicylic acid, salicylate of soda, and resorcine, has demonstrated that these agents have an influence on the temperature and other elements of fever, whatever may be the nature and cause of the fever (typhoid, puerperal, variola, intermittent fever, erysipelas, rheumatism, pneumonia, etc.); that this action is sure and prompt when these drugs are administered in sufficient quantities; that it is quick, causing rapid elimination. He then studied the accidents which these agents have been said to produce (collapse, convulsions, albuminuria, melanuria, etc.), and has established that they do not cause pulmonary congestion or renal lesions, and may be administered in albuminuria; that, if administered in too large quantity, they may cause collapse, but this collapse is rare and not dangerous; that in very rare cases, when given in enormous doses, they will cause convulsions, but these have never terminated fatally.

He now gives the results of his experiments with salicylate of bismuth in typhoid fever. He has administered it in twenty cases. It is more readily taken than salicylate of soda, being less soluble, and, therefore, of less pronounced taste. It consists of salicylic acid 2 parts, bismuth 1 part, although it keeps more readily if there is an excess of 3-4 parts in the 100 of salicylic acid. It may be given in unleavened bread or slightly aromatic syrup of acacia, in doses of grs. xv-xxx, though he has given from Div-zijss in a day. A little seltzer water may be given immediately after it to enable the stomach to retain it better, if that organ be very irritable. It is always advisable that a more or less considerable quantity of liquid be drunk after each dose. The effects obtained are of two kinds, *immediate* and *remote*.

The immediate effects are comparable, when the dose is sufficient, to those produced by carbolic acid, resorcine or salicylate of soda. To observe these, the patient should be closely watched, and the variations of temperature noted. Vulpian's statement that the temperature does not rapidly abate is erroneous, as M. Desplats shows by several cited cases. The immediate effect is never wanting when the dose is sufficient. It produces a less abatement of temperature than carbolic acid, but the sudden rise so often seen after the abatement from carbolic acid, is not observed. Besides the immediate effects, salicylate of bismuth has an incontestable action on the general temperature-curve. As has already been noted by Vulpian, the morning fall of temperature is greater, especially when no salicylate has been administered during the night. Desplats has several times observed that the temperature continued to abate during the forenoon, when the patient had taken no medicine, and thinks it very likely that these late effects are due to absorption of the drug, which is not very soluble. Sometimes,

instead of a fall of temperature, he has noticed abundant perspiration coming on during the forenoon, long after the last dose of the salicylate; this seems to confirm the hypothesis of late absorption.

REMOTE EFFECTS.—It is important to know what action the salicylate of bismuth, regularly administered, exercises on the evolution and termination of the disease. Twenty cases are not sufficient from which to draw general conclusions, but they may be of service in drawing conclusions from an additional number of cases. Desplats divides his cases into three groups:

The first includes the cases in which the fever was arrested, in which it may be said that the drug had an abortive action; the second group includes those cases in which the effect was signal, but not so marked; and the third, those cases which were rebellious to treatment, either terminating in death, or seemingly uninfluenced by the drug. Eleven cases are reported in which it had an abortive action. Vulpian has already observed one case in which the fever was arrested on the fifteenth day by salicylate of bismuth. He hesitated to attribute this effect to the drug, as the rose spots were absent. This does not negative the diagnosis of typhoid fever, however, as cases do occur in which the rose spots are absent. Four cases are recorded in which the action of the salicylate was less pronounced; and five cases, all very severe, two recovering, in which there was no apparent effect. In all, twenty cases are recorded. Epistaxis was a rare symptom, and was in no case abundant. Intestinal hemorrhages occurred in two cases, one or which recovered. Delirium was rare, in one case being attributable to the medicine; this was rather subdelirium than true, and there was also deafness. When large doses, *zjj-zijss*, were given in three or four hours there was, in some cases, a depression of the vital forces, which passed off when the drug was discontinued. The best results were obtained with doses of *ʒiv-ʒjs*.—*Bulletin Gen. de Therap.*

Reviving the Still-Born.—Artificial respiration practiced for an hour at least has so far been considered the most successful means of reviving still-born infants. Prof. Wallace, in his lectures at the Jefferson College, used to mention several cases where, after an hour's trial with artificial respiration, he had at last succeeded in reviving an infant still-born, and where all hope had been given up.

A French physician by the name of Camberdon, has convinced himself, that a very warm bath of a temperature of 50° C. exerted in such cases a far more favorable result than even the method just mentioned. It is a known fact, that infants, who, when born, exhibit a want of vitality, often wonderfully revive when wrapped up in hot blankets or placed into a very warm bath—with one word when replaced into that temperature they had just left in utero. It seems plausible, therefore, that the same procedure may turn out successful in certain cases of the still-born, and we draw, therefore, the attention of our readers to this application of the hot bath.—*Med. and Surg. Rep.*

Malarial Hæmaturia.—Dr. J. J. Bland, of Alabama, in Nashville Medical Journal, writes :

On the morning of October 3, 1881, I was summoned to the residence of Capt. J. H. Buford, to see the Rev. Mr. E., who had been indisposed for some time from an attack of malaria, but who had, up to that time, kept up and attended to his ministerial duties. On my arrival, I found the gentleman quite sick. Had a chill about midnight the day before, followed by high fever, and when I saw him (about eight hours after the first rigor) he was suffering from the second. Complained of severe pain in the back, about the lumbar region, aching of lower limbs, shoulders, head, etc. Bowels constipated, tongue coated with a thick, yellow fur, complexion and conjunctiva of a yellow cast. Pulse 149 beats per minute; temperature 104°, and the attendants thought the urine last voided, (which I did not see) too highly colored, and feared it contained blood. Prescribed:

R Hydrarg. chlor. mitis }
Colocynth comp. ext. } aa grs. v.

M. Et enclose in capsules, No. ij.

Sig. To be taken at once, and followed in four hours, if bowels are not moved, with ʒss. sulph. magnesia, largely diluted.

R Quinia sulph. ʒj.

Ft. Chart, No. vj.

Sig. One powder every two hours.

My parting injunction was for me to be summoned immediately on the next evacuation from the bladder, if the urine contained blood. In about two hours I was dispatched for in haste, and on arriving, I found a copious discharge from the bladder, which was of a very dark color, and contained so much blood, that it had partly coagulated in the vessel. The complexion and conjunctiva, which were of yellow cast at my first visit, had changed in the two hours, to a much deeper hue, and my patient was in a semi-comatose state, and wore a haggard expression. Ordered :

R Ergot, fl. ext., (Squibbs') ʒj,
Tr. ferri. chlor. ʒij,
Buchu, fl. ext. }
Spts. æth. nit. } aa. ʒss,
Aqua menth. pip., ad ʒjv.

M. Sig. A tablespoonful in water, and repeat every two hours, until the blood in urine diminishes. A warm pediluvium with friction was used, and a mustard plaster to the lumbar region ordered. Other urinary discharges followed, with equally as much blood to the amount voided, as the first evacuation contained, but the discharge was not so copious.

Only a few hours elapsed before there was some appreciable appearance of the urine for the better. But the day passed away, midnight arrived, and the cry was: "The blood still comes." I

was gratified, however, to see that my treatment was having the desired effect, and hence I persevered!

October 4. Patient much improved. Pulse 110; temperature $99\frac{1}{4}^{\circ}$; urine contains but little blood, and but little pain experienced in voiding it. Bowels well moved during the night of a dark, bilious nature. My friend, Dr. J. M. Hicks, of Goodman, Miss., the patient's family physician and a gentleman ripe in experience in the treatment of this disease, is with me to-day. He approves my treatment, and encourages a perseverance in the same.

October 5. Still improving. Urine diminished in quantity, improved in quality. Takes nourishment in the form of soup and iced sweet milk.

October 7. Patient not doing well. Troubled with epistaxis last night, and the evacuations from the bowels as well as those from the bladder, contained some blood. Slept but little during the night, and is quite nervous to-day. Tenderness over lumbar region more acute, and he is too much nauseated to take food. Ordered the ergot, buchu, etc., mixture, which had been discontinued for two days, to be resumed and kept up until epistaxis, bloody urine and blood in fecal discharges cease:

R Potas. bromid.....	}	aa ḡ ij
Chloral hydrat.....		
Syr. aurant. cort.....	}	aa ḡ j.
Aqua menth. pip., ad.....		

M. Sig. A tablespoonful, and repeat every two or three hours, until resting.

R Quinia sulph..... grs. xxxvj.

Enclose in capsules, No. xij.

Sig. One capsule every two hours.

October 8. Slept well last night, and took light nourishment this morning. No epistaxis last night, and urine and fecal discharges free from blood this morning. Tongue pale and coated with a white fur. Small quantities of sherry wine in connection with the food was allowed, and a tonic of chloride of iron and the compound tincture of gentian and cinchona was commenced.

October 12. Patient slowly but steadily gaining strength, and is able to sit in an arm chair for an hour or more at a time. I dismiss him with the promise that the tonic will be persevered in until his appetite is good and his strength regained. Since his recovery it has not been my privilege to meet him, but in a recent letter, he writes that he is fleshier than ever before, though not so stout, and still has a weakness and tenderness about his back.

Cephalhæmatoma in the New-Born.—Cephalhæmatoma, said the speaker, is a soft, elastic, fluctuating tumor, generally painless, and situated upon one of the cranial bones. It takes place, it seems to me, with somewhat greater frequency than the literature of the subject would lead us to suppose. I have already seen four cases in twelve years' practice. Contrary to the experience of

Other observers, all four cases have taken place upon the left parietal bones. It is stated by some writers that in the great majority of cases, indeed, in almost all, the tumors have been upon the right parietal bone, inasmuch as it is this bone that is exposed to the pressure of the rigid os uteri in the greatest number of deliveries. This tumor has not, in the cases that have occurred in my practice, made its appearance immediately after birth. Some three or four days have usually elapsed before my attention has been called to the difficulty. It has, in a few cases, been noticed upon both of the parietal bones, although this has not occurred in my practice. When the tumor is first noticed it is a soft and painless enlargement. In the course of a few days a firm bone ridge is usually noticed surrounding the base of the tumor. The seat of the difficulty, he said, is between the bone proper and the periosteum, and the enlargement is caused by the rupture of a blood vessel in this position, and the bony ring is simply bony material thrown out from the periosteum to repair this injury. This ridge, or bony ring, does not contract evenly in all directions, and little hard projections will spring forward from this ridge, showing that the deposits of osseous material does not take place evenly in all directions. As the process of repair goes on, the tumor loses its soft, fluctuating feeling, and in the course of a few weeks nothing can be detected but a slight want of symmetry in the two parietal bones.

The most important question connected with the subject, the speaker said, was its diagnosis, and it appeared to him that there were four difficulties with which it was likely to be confounded, namely: caput succedaneum, congenital encephalocoele or hernia cerebrum, erectile tumors and crania tabes. To show the distinction between these four difficulties and the one under discussion the speaker said the caput succedaneum is an oedematus condition, and it does not fluctuate, being only a difficulty of the scalp, cellular tissues, and blood vessels; congenital encephalocoele never occurs, with a possible exception, on the cranial bones; a vascular tumor has sometimes the same boggy feeling noticed in caput succedaneum, but it has no bony ridge; crania tabes is the soft places found upon the cranial bones in rickety children.

As to the treatment of this difficulty, the speaker said the best method to be pursued was a judicious letting alone, nature, in a great majority of cases, being able to effect a cure without the aid of the medical art.—*Peoria Med. Monthly.*

Treatment of Gout.—Dr. N. S. Davis, of Chicago, recommends forty drops of an equal mixture of the acetated tincture of opium and wine of colchicum seeds to control acute paroxysms of gout. This dose may be repeated in an hour if necessary. Oftentimes, one or two doses will abort what threatens to be a very severe attack. When the paroxysm is under control the same remedies may be repeated in smaller doses, three or four times daily, if any gout remains. We have used this remedy, and can add our endorsement to this distinguished recommendation.—*Med. and Surg. Rep.*

Examination of Urine.—Dr. Formad, of Philadelphia, who has recently come into prominence as a microscopist, gives the following succinct rules for the examination of urine:

1. Sediment in the urine has no significance unless deposited within twenty-four hours.

2. Albumen in the urine does not indicate kidney disease unless accompanied by tube casts. The most fatal form of Bright's disease—contracted kidney—has little or no albumen.

3. Every white crystal in urine, regardless of shape, is a phosphite, except the oxalate of lime, which has its own peculiar form.—urine alkaline.

4. Every yellow crystal is uric acid, or a urate if the urine is acid, or a urate if the urine is alkaline.

5. Mucous casts, pus, and epithelium signify disease of the bladder (cystitis) or of other parts of the urinary tract, as determined by the variety of epithelium.

6. The urine from females can often be differentiated from the urine of males by finding in it the tessellated epithelium of the vagina.

7. Hyaline casts (narrow), blood, and epithelial casts signify acute catarrhal nephritis. Much albumen.

8. Broad hyaline casts, and epithelial dark granules and oil casts, signify chronic catarrhal nephritis. At first, much albumen; later, less.

9. Hyaline and pale granular casts, and little or no albumen, signify interstitial nephritis.

10. Broader casts are worse than narrow casts, as far as diagnosis is concerned, for the former signify a chronic disease.

11. The urine should be fresh for microscopical examination, as the micrococci will change hyaline casts into granular casts, or devour them entirely in a short time.

12. Uric acid in the urine may, in Trommer's test for sugar, form a protoxide of copper, this often deceiving the examiner into the belief that he has discovered sugar. Thus, when urine shows only sugar, other methods of examination should be used—preferentially the lead test.

13. The microscope gives us better ideas of the exact condition of affairs in the examination of the urine than in various chemical tests.—*Southern Clinic*.

The Parasite of Marsh Fever.—Dr. Laveran, of the Val-de-Grace, in a communication to the Paris Hospital Society (Union Med., June 12th and 14th), states that the observations which he formerly made in Algeria as to the presence of well-defined parasitic organisms (which he describes at length) in the blood in marsh fevers have been fully confirmed by subsequent researches. Their pathogenic character has been proved by a large number of facts which enable him to come to these conclusions: 1. These parasitic elements exist always in the blood in cases of impalud-

ism; and even when the examination of the blood of the living does not always exhibit them, they are still always to be found, at least after death, in the capillaries of the spleen. 2. They are always found in direct ratio with the severity of the case. In individuals who succumb through some complication in simple intermittent they are found only in small numbers in the liver and spleen; but in those who die from pernicious fever they exist in large numbers in all the organs and vascular tissues.

3. They precede a paroxysm of the disease, and when they are found in the blood we may almost certainly predict that a paroxysm is about to occur, although no elevation of temperature or other morbid sign exists. 4. These elements are never found in diseases unconnected with impaludism. 5. These elements disappear rapidly under treatment by quinine.—*Med. Times and Gazette*, June 23, 1883.

Ante-Natal Murder.—In my daily rounds as physician I see grown young men and women in the full enjoyment of life whose mothers appealed to me to destroy them in utero. Oh horrors! What if I had done it, and robbed them of all the experiences of this world? Let every physician and mother in the land, and in the world, understand the enormity of this crime and realize its consequences. A growing evil that has assumed gigantic proportions, is the frequency of ante-natal murder, often out of wedlock, and quite as often in. Do physicians and mothers realize and know that there is no time after conception when there is not life and another soul existent, that shall live on and on through the eternal ages? Do physicians and mothers realize and know that they must meet face to face in spirit life all these ante-natal murdered children, and that they will rise up in judgment against them? Do they know that they will then feel like calling on the mountains and rocks to fall on them and hide them from the objects of their iniquity? Do they know that remorse of conscience will cling to them, and that they will be self-branded as Cain was of old—a murderer? Do physicians and mothers know, that as far as responsibility goes, they might as well take a hatchet and brain the prattling darling of two or three summers as to strangle a soul in uterine life? Then let the physician and mother remember that at conception the decree has gone forth that an immortal soul has been born for eternity, and that they should not stain their hands in human blood.—J. M. WARD, M.D.—*Med. Brief*.

Cholera Morbus.—Dr. Cartledge, in the *London Medical News*, reports a number of severe cases of cholera morbus relieved by injections of ice-water into the rectum, etc., as follows:

In short, my treatment now of the severe forms of the disease is—taken in the stage of evacuations, cramps, etc.—sinapisms to the abdomen, ice by the mouth, and ice-water injections per rectum. The same treatment for the collapse, with possibly some hypodermic stimulation. This is simple medication, but the results can't be bettered in my experience. In milder cases, even in

severe, you can use opium with atropia or what not, as suits you. Many of the ordinary cases of sporadic cholera are treated very successfully with the hypodermic administration of morphia and atropia.

In offering an explanation of the action of ice-water injections in this disease, I can only say, it does not seem to be due so much to the local astringent effect of cold as to the strong impression made upon the nerve centers through reflex action by the cold being placed directly in contact with the congested and heated center. It is probable that in severe cases of epidemic cholera a stronger impression might be made and reaction induced by using a rectal tube, thus placing the cold nearer the center of morbid action.

Since writing the above observations, I notice in the *Peoria Medical Monthly*, where Profs. Pooley and Kinsman, of Columbus, Ohio, have used ice-water injections per rectum in cholera infantum, with good results.—*Louisville Med. News*.

Ipecac in Labor.—Dr. Sullivan, in the *Nashville Medical Journal*, says:

Was called July 9, 1882, to see Mrs. K., in labor with her second child, 6 o'clock p. m. Had been in labor since 6 a. m. Parts rigid with considerable dilatation, pains weak and short with about thirty minutes interval. Gave ipecac, five grains with intention to repeat the dose in half an hour. Before time to give the next dose the pains increased in frequency and force, and in one hour labor terminated.

November 7, 1882. Was called to see Mrs. C., at 1 o'clock a. m. Had been in labor since sundown with her third child. Condition was about the same as the above case. Gave ipecac, 5 grs. In about fifteen minutes she remarked, "Doctor, you ought not to have given me that medicine, it makes these pains harder." And in half hour longer I delivered her of a fine male child to the joy of both parents (it being the first boy).

Mrs. W., in labor with her seventh child. Water discharged at 6 o'clock a. m. Had been in labor all day and night. Called to see her at 1 o'clock a. m. No rigidity about the parts, but with that careless and indifferent mood, which is so often met with in a non-acting uterus. (I use this for the want of a better expression).

With the use of one five-grain dose of ipecac the labor was over.

How to Remove a Tight Ring.—A novel method of effecting the removal of a ring which has become constricted around a swollen finger, or in any other similar situation, consists simply in enveloping the afflicted member, after the manner of a circular bandage, in a length of flat India rubber braid, such as ladies make use of to keep their hats on the top of their heads. This should be accurately applied—beginning *not* close to the ring, but at the tip of the finger, and leaving no intervals between the successive turns, so as to exert its elastic force gradually and gently upon the tissues underneath. When the binding is completed, the hand

should be held aloft in a vertical position, and in a few minutes the swelling will be perceptibly diminished. The braid is then taken off and immediately re-applied in the same manner. when, after another five minutes the finger, if again rapidly uncovered, will be small enough for the ring to be removed with ease.—*Langon, Gaz. des Hop.*

[If the ring be of gold immerse it in quicksilver and an amalgum is formed which is readily broken.—ED REC.]

Berberis Aquifolium in Syphilis.—Dr. G. G. Barnabus, in Medical Investigator says: This remedy I regard as one of the most important that we have in our materia medica for the treatment of syphilis; also valuable in scrofula, and in that condition of the blood where boils are the crop.

H. C., a blacksmith, who had been indiscreet in placing his affections in other places than his own home, contracted this disease in the summer of 1879. He tried treatment by the recipe plan, then applied to a physician, who administered to him various compounds with no avail. In January, 1880, being about six months after he had contracted the disease, he applied to me for treatment. His condition now was extremely pitiable, indeed, his tongue was swollen, with great fissures and small ulcers about its edges; the mucus membrane of the mouth and throat was inflamed and excoriated, with here and there deep and eating sores, from which there was a continuous flow of a thick tenacious mucus that caused him to be continually spitting. This condition of his mouth caused him much pain, and gave him much trouble in eating and talking. The anterior perinium was also cracked and sore, from which there was a continuous exudation. I prescribed:

R Berberis aquifolium..... gtts. xv.

Four times per day.

For the excoriations and ulcers, I gave him:

R Salicylic acid.....	} aa. ʒj.
Hydrastis pulv.....	

Triturate and apply two or three times a day.

He commenced to improve immediately, and in the course of two weeks there was a marked change for the better. This treatment was continued until July of the same year, at which time there was not, as far as could be seen, a single symptom of the disease remaining. His wife contracted the same disease from him and applied to me in April for treatment. Her symptoms were not so severe as her husband's, but were the same. I gave her the same treatment, which was continued until August, at which time she was discharged as cured. There has been no return of the symptoms since, it now being three years since they were pronounced cured. I have used this remedy successfully in a number of other cases of this disease as well as scrofula and other kindred maladies.

A Case.—Dr. Bowers, Peoria Medical Monthly, reports the following:

On the evening of June 14, 1883, I was called to see a five-year-old daughter of a coal miner; nervo-sanguinous temperament. House low, but on a hill and well drained and airy. The room was very clean and comfortably furnished. Child was lying on the bed in an attitude of natural rest, half open, expressive eyes. She was hard to arouse and would awaken terrified at objects which she seemed to see in different parts of the room, and immediately drop listlessly back into a state of stupor. Skin intensely hot all over the body.

Pulse, 144; respiration, 25 and arrhythmic. She said, "I hurt here, and here, and here," meaning all over.

No tumor or tenderness was found in any part of the body. Pupils slightly dilated; cheeks alternately flush and pale. Heart and lungs normal. Tongue centrally coated, red edges and glazed. Urine passed frequently, but plenty. No movement of bowels for twenty-four hours, and then a small dry stool. Vomiting whenever anything was swallowed.

The child showed oppression, but no depression. A history of pertussis and measles, but only slight cough remained, and the child had lately enjoyed good health.

I concluded some ingesta was at the bottom of these profound symptoms.

To get the bowels open was the thing, but to keep the physic down was the main point.

R Hydarg. chlor. mit. 1 grain,
Sodæ bicarb. 30 grains,
Sacch. alb. q. s.

M. Fiat chart, S. S. One every three-quarter hours.

Aconite tinct. one drop every three-fourths of an hour.

Slight effervescence from stomach on giving the first powder, but no more vomiting. Abatement of the fever with rest until morning. Salts were tried and vomited. John Wyeth & Bros.' comp. (compressed) cathartic pills were given, one at 7 and one at 12. No stools; so the following was ordered—

R Fl. ext. sennæ. ½ ounce,
Sodæ sulphas. 1 drachm,
Syr. simp. ½ ounce,
Aq. menth. pip. 1 ounce.

M. S. Two teaspoonfuls every three hours till freely purged.

After a number of doses free catharsis came on with complete abatement of symptoms.

One pill, above mentioned, was vomited, and the other one came away in a stool, both in as good shape as Jonah was.

The stools were composed mostly of young gooseberries and currants.

What I wish to notice is that we might, in children, think there was not much the matter, when there are not very expressive

symptoms, while the child is very ill; and again, when there are profound symptoms regard the illness dangerous, when there is only general oppression.

We learned something about piles too.

Hoping some points of interest may be gleaned from these cases, I submit this report.

Rheumatism Aborted.—A writer (in Eclectic Medical Journal) claims to arrest rheumatism as follows: "The main points in treatment are, first: Intense fever and high bounding pulse, I commence with *verat. vir.*, 2 drops, *aconite*, one drop, repeated every hour, till the force and frequency of the circulation are abated, which is sure to be affected in twelve hours if the drugs are good and strong, and are faithfully given. At the same time I combine salicylic acid, 70 grains, and quinine, 20 grains, well rubbed together, then divide into 10 powders, one to be given every two hours.

* * * * *

This treatment has never failed to break the force of the disease in twenty-four hours. The salicylic acid and quinine are continued on the second day at longer intervals to prevent the acute symptoms returning.

"I usually give the quinine and salicylic acid in syrup of wild cherry. If there is much pain, I resort to some anodyne, but avoid opium as much as possible. *Cypripedium*, or *hyoscyamus*, is preferred.

What Means can be Judiciously Used to Shorten the Term and Lessen the Hours of Labor?—In describing lingering labor, Dr. Jno. Morris, of Maryland, divides it into three stages: First, when the head remains high up; second, when it has descended into the pelvic cavity, but the parts are tense and undilatable; and, third, when the child inhinges with perineum. He explained the procedure to be used in all these conditions, and at what time to employ them. These procedures were: detaching the members around the cervix with the finger in the first stage, dilating with the pulpy part of the finger and stretching it cautiously during each pain. Forcible external compression, pushing the cervix over the occiput; the administration of opium or ergot, but never in first cases, and finally chloroform. These means all failing, the only alternative is the forceps. The doctor further said that if the means he suggested were employed, laceration of the os and perineum, those *bêtes noir* of modern medical literature, would be obviated, and post-partum hemorrhages, that greatest of all complications in labor, would be prevented.—*Peoria Med. Monthly*.

Note on Disinfectants.—Dr. W. E. Buck writes: Most practitioners must have often realized the inefficiency of disinfectants in allaying the fœtor of cancerous ulcers an annoyance which sometimes troubles patients even more than the pain, or the thought of

death. I have used the whole round of disinfectants for cancerous ulcers, but all have failed in allaying the fœtor and keeping the ulcer clean. The disinfectants tried were carbolic acid, sanitas, terebene, resorcin, creasote, boroglyceride, chloride of zinc, charcoal, etc. After failure with these, I tried a saturated solution of hyposulphite of soda added to an equal quantity of water, and found it exceedingly efficacious. The ulcerating surface was well syringed and washed with the solution, and was then covered with rags steeped in the solution. The granulations were kept clean, and the fœtor was well kept under. Most disinfectants seem to lose their virtue after a few days' application, but I have used this one for months on the same patient with continuous good effects. It is cleanly, has no smell, does not stain, and is very cheap.—*British Med. Journal*.

Local Application of Vaseline in Scarlet Fever.—I have found nothing so efficient in relieving the burning and itching sensation of the eruption of scarlet fever as the inunction of the whole body with vaseline. The vaseline is simply used by being well rubbed upon the surface of the body with the hand, once or twice a day, and continued as long as the patient complains of burning and itching of the skin. These inunctions soothe and calm the patient in an astonishing manner, and are rarely required beyond two or three days.

On the appearance of the stage of desquamation, I have the whole body well sponged once a day for a week with the following wash :

R	Hypsulphite of soda.....	3 viij,
	Carbolic acid, No. 1.....	3 j,
	Glycerine.....	3 jss,
	Aqua.....	3 viij.

M. S. Shake well, and sponge the body well after the wash has been made tepid by placing the vial containing it in a pan of hot water.

This sponging should be done in a room of equal temperature ; and immediately after each sponging the body should be well dried with a soft towel, and the patient protected against taking cold. This process should be continued for at least a week ; and it has not only the advantage of healing the new skin, but that of disinfecting the particles of desquamated skin, and thereby lessens the infectious character of the period of desquamation.—*Dr. J. B. Johnson in Med. and Surg. Rep.*

Effects of the Internal Administration of Glycerine.—Dr. Tisne speaks highly of glycerine as a therapeutic agent internally administered. He states (*Gazette des Hopitaux*, March 17, 1883), that it causes no irritation to the mucous membrane of the digestive tract beyond exhibiting a slightly increased peristaltic movement. It exerts a beneficial effect upon nutrition, increasing the weight and palliating many of the distressing symptoms in phthisis, such as loss of appetite, diarrhœa, night-sweats, and insomnia. Its

action upon the liver is manifested by an increase in size of the organ and by a more abundant flow of bile. It has a diuretic effect and increases the excretion of urea, the chlorides, and the phosphates. The alkalinity of the urine is diminished, and if any pus be present in this fluid it is greatly lessened in amount.—*Peoria Med. Monthly.*

A New Remedy for Malarial Fever.—Dr. Carlo Magliere speaks very highly of a remedy which has been in popular use in some parts of this country for some time. It is a decoction of lemons. He had his attention drawn to it while visiting another section of his country, and after experimenting with it was astonished at its beneficial effects in all sorts of malarial fever. He reports some truly remarkable cures effected by it. He recommends the decoction made of the fresh lemon, cut into slices and boiled in a new earthen pot. It is to be given four hours before the fever. He gives the results arrived at with this decoction as follows, and urges further experiments to be made:

1. The decoction of lemons in malarial affections gives results equal to and better than quinine.
2. It is not only active when quinine is active, but even after the latter drug ceases to be active.
3. It is not less active in chronic malarial affections.
4. It does not present any of the disadvantageous effects of quinine.
5. Its administration is possible also in catarrhal conditions of the digestive tract.
6. Its cheapness renders it eminently popular.—*Courier of Medicine.*

Cannabis Indica in Menorrhagia.—Two correspondents to the British Medical Journal call attention to the value of cannabis indica in the treatment of menorrhagia. The ordinary tincture may be given in ten or twenty minim doses, repeated once or twice in the twenty-four hours. It has no evident control over hemorrhages from other causes. The following prescription is highly vaunted by Mr. J. Brown, of Bacup, who says that the failures after its use are so few that it may almost be regarded as a specific:

R Tinc. cannabis indicæ..... m xxx,
 Pulveris tragacanthæ comp..... ʒ j,
 Spts. chloroformi (Br.)..... f. ʒ j,
 Aquæ q. s. ad..... f. ʒ ij.

M. Of this one ounce is to be given every three hours.—*Ex.*

Ergot in the Treatment of Congestive Headache.—Dr. Charles T. Rogers, of Honolulu, Hawaiian Islands, writes us regarding the above subject, referring to an article by Dr. J. L. Corning [in The Record of December 23d]. Dr. Rogers thinks that the value of ergot in this trouble is not appreciated. He gives

it in large doses (3 j of fluid extract) and would not be afraid to repeat it within an hour. He combines it, generally, with a full dose of bromide of potassium (gr. xl or more). The combination is much more effective than bromide alone. Dr. R. says that he is not at all afraid to use ergot in large doses. He has seen 3 ss. given for pulmonary hemorrhage without toxic symptoms following.—*Southern Clinic.*

Did Syphilis Exist in America Before the Discovery by Columbus.—In refutation of the affirmative, which has been asserted by some, Dr. William F. Whitney (Boston Medical and Surgical Journal, April 19, 1883) concludes that the evidence presented thus far does not as yet clearly prove the existence of syphilis in this country previous to the landing of the Spaniards. The conclusive proof is still to be furnished by an extensively and symmetrically diseased skeleton, or by a skull presenting a typical case of caries sicca, as described by Virchow, in his Archives, vol. xv, p. 243. The exostosis noted on the bones of the legs of skeletons found in Indian burying-mounds and preserved in museums, might have been readily caused by violence and many other agencies than syphilis.

Pruritus Ani.—Pruritus ani, says the New York Medical Record, often proves a most annoying and obstinate symptom, persistently refusing to yield to our therapeutic endeavors. It is therefore, very comforting to be assured that we have, in two well known drugs, two equally efficient specifics. Thus, Dr. Steele, of Denver, (Lancet and Clinic), has found quinine sulphate, rubbed up with only sufficient lard to hold it together, a never-failing specific in this affection. He uses it in both pruritus ani and vulvæ. The nearer you get to the full strength of the quinine, the more efficacious will it prove; and some other physician is similarly confident about the local application of Peru balsam. Hence, we are told, there need be no more itching about the anus, and medicine has achieved a new triumph. Selah!—*Gaillard's Med. Journal.*

Vegetable Nature of Croup.—Dr. Ephraim Cutter, in a paper read before the American Society of Microscopists, claims that the false membrane of croup is a parasitic vegetation.

In a report by Prof. P. F. Reinsch, on a specimen furnished him, it is settled that the larynx and trachea bear a remarkable fungoid vegetation, belonging to three, or at least two, different fungi. In the upper part of the larynx are prevalent cells of more rounded form, doubtless different states of evolution belonging to one or two different species of *Hyhomycetes*. The lower part of the larynx, as well as the trachea, was found overgrown with filamentaceous cells, inclosing short, rounded cells, resembling very much the mycelium, with interspersed spores characteristic of the mucorineæ.—*Ex.*

SCIENTIFIC ITEMS.

Copperhead Venom.—Dr. I. Ott, (Virginia Medical Monthly, February, 1883), comes to the following conclusions :

1. The venom of the copperhead is weaker in toxic activity than that of the rattlesnake.
2. The heart, with both kinds of venom, becomes greatly prostrated, and in rapid deaths is their main cause.
3. The venom of either snake does not affect the sensory nerves.
4. The sensory centers are affected by both venoms.
5. The muscular excitability continues to be little affected at the time of death by the poison of the copperhead.
6. The two venoms greatly resemble each other in physiological activity.
7. The cardiac force, rythm, and frequency are lowered by both venoms.
8. The arterial tension is greatly lowered by both venoms.
9. The blood, after copperhead-poisoning, shows no microscopic changes of its globules, and no difference in its spectrum.—*Med. and Surg. Rep.*

The Inventor of the Telephone.—The assertion that Bell is not the inventor of the telephone, and the fact that proof positive exists to fully sustain the assertion, is a matter of no ordinary interest to every intelligent reader. Prof. S. B. Thompson, of England, has very thoroughly investigated the inventions and researches of Johann Phillipp Reis, a German ; and he finds that this man discovered the electric transmission of speech in 1860-'61, and that he used devices and instruments corresponding with those now used in what is known as the Bell system of telephony.

The full establishment of the facts as presented crushes the Bell telephone monopoly as with the weight of a mountain. The telephone becomes the property of the world, open and free to all. This is a consummation devoutly to be wished for. It is true, as observed by Dr. Channing, "there is a menace in connection with its present control, which justly awakens public concern. Rapacious hands have clutched the throat of the telephone to extort oppressive tribute for every word which it utters. In the light of historic facts, the decision of the courts of the United States, that Bell is the discoverer of a new and useful art (the electric transmission of speech), to which he has exclusive title *must be reversed* as speedily as possible, that our courts may retain the respect of the people of the United States."—*Pop. Sci. News.*

Showers of Iron.—In the News for July, we referred to the occurrence of iron in meteoric dust. Inquiries have since been addressed to us concerning the phenomenon ; and a few addi-

tional words on the subject may be of interest to our readers in general.

On the night of the 29th of March, 1880, there was a fall of meteoric dust, accompanied with rain, at Catania, in Sicily. This dust, besides having the red color, mineral and organic particles, and minute infusoria, frequently observed before on similar occasions, was especially interesting, because it contained a considerable quantity of iron, either in a pure metallic state, or in metallic particles surrounded by an oxidized crust. The fragments were of sizes varying from one to ten hundredths of a millimeter in diameter. Some were of an irregular, others, of a perfectly spherical shape, as if they had been suddenly fused. All were immediately attracted by the magnet. This fact (discovered for the first time in dust gathered on board of a ship in the Indian Ocean on the night of the 24th of January, 1849, and afterwards confirmed by Professor Nordenskjöld on the "Vega" in the Arctic and other seas), as a scientific writer remarked at the time, is "of immense importance to physical and geological science, as proving that iron, which is not known in a pure metallic state on the surface of the earth, is to be regarded as of extra-terrestrial or cosmic origin, establishing a link between the earth and the chaotic material dispersed over the universe, and as being also in strict relation with the phenomena of aerolites and meteors."—*Pop. Sci. News.*

Household Ventilation.—Dr. Russell, in the Glasgow Health Lectures, says of the ventilation of the house-rooms :

"Minimize as we may the progressive contamination of an enclosed inhabited space, the contamination is still progressive, and, without renewal of the air, in a few hours you will reach the boundary beyond which lies impaired health. Open your windows, pull up your window blinds, turn up your mattresses and bedclothes, and every morning let the products of the night be swept out by the incoming current of fresh air. Then, all through the day, remember to have a small chink open at the top of your windows ; or, better still, raise the lower sash, close the opening beneath with a piece of wood fitting closely, and so the air will enter at the junction of the sashes, and pass upwards without draught. The secret of ventilation without draught is a little and constantly. Once permit the air to become close and stuffy, and, the moment you endeavor to remedy this result of carelessness, a cold draught will rush in, and the fear of injury will prompt you to stop it. The mere fact of living in a close atmosphere begets a shivery, susceptible condition of the body, which is intolerant of the slightest sensation of chill. If you accustom yourself and your children to fresh air, the vital heat is sustained, and even a draught becomes exhilarating.—*Ibid.*

Variety of Colors.—"About fifteen thousand varieties of color are employed by the workers of mosaic in Rome, and there are fifty shades of each of these varieties, from the deepest to the palest ; thus affording seven hundred and fifty thousand tints, which the artist can distinguish with the greatest facility."—*Ex.*

PRACTICAL NOTES AND FORMULÆ.

Hypophosphite of Lime in Cancer.—Dr. J. B. Johnson, in Medical and Surgical Reporter, says: Some time ago I received a copy of a lecture by Dr. Hunter McGuire, of Richmond, Va., on the subject of "Cancer of the Breast," in which he recommended the use of hypophosphite of lime and soda. His formula is:

R Hypophosphite of lime and soda..... ʒ ss,
Diluted phosphoric acid..... ʒ ss,
Distilled water..... ʒ viij.

M. Sig. Teaspoonful in water three times a day, and when indicated he sometimes uses in addition, arsenic and iron in the forms of chlorides of arsenic and iron.

At the time of reading the lecture I had under my care two cases of cancer, one of the breast and one of the ear, at the angle of the left jaw. About a year before I was consulted in the case of cancer of the breast; the breast had been entirely excised; but the wound made no effort to heal, and grew to be an ulcer two inches wide by two inches long. The cancer of the ear also presented an ulcer, irregular in shape, covering the space of an inch or more in extent. I gave at once internally—

R Hypophosphite of lime..... ʒ iss,
Bromide of potassium..... ʒ ij,
Fowler's solution..... ʒ iss,
Aqua destil..... ʒ viij.

M. Sig. Dose, a tablespoonful every three hours.

R Tar..... } aa. ʒ j.
Alcohol..... }

M. Sig. Apply freely to the ulcers three times a day.

Both patients have been using the above prescription for six months, and the progress of the cancers is not only arrested, but the ulcers almost healed. There is no doubt that the progress of the cancer can be delayed by the use of the hypophosphites in combination with arsenic.

For Torpid Liver.—The following is suggested by Professor Delafield, of New York:

R Podophyllin..... gr. 2,
Hydrarg bichlorid..... gr. 1,
Pulv. ipecac..... gr. 4,
Ext. colocynth co..... gr. 10.

M. Ft. pil. No. 20.

I would give him a pill composed of these ingredients in the above proportions, and let him begin by taking three such pills each day. He may then gradually lessen the number as his symptoms improve.—*Gazette*.

Naphthol for Local Sweating.—From the New Orleans Medical and Surgical Journal, for June, we note that the Repertorie de Pharmacie gives the following formula for hyperidrosis, or excessive sweating of the hands, feet and axilla :

Naphthol.....	5 parts,
Glycerine.....	10 parts,
Alcohol.....	100 parts.

To be used as a lotion twice a day, afterwards dusting the parts with pulverized starch or with a powder made as follows :

Pulverized naphthol.....	2 parts,
Starch.....	100 parts.

For perspiration of the feet, a pledget of cotton impregnated with the above powder is placed between the toes.—*Journal de Medecine et de Chirurgie Pratique.*

"Pain-Killers."—"New Idea" gives the composition of two of these nostrums, as follows :

1. Richter's Pain Expeller.

From 100 parts of capsicum make 600 parts of tincture ; add a solution of 22 parts of soap in 100 of water ; add thereto :

Water of ammonia.....	300 parts,
Camphor.....	30 "
Oil of rosemary.....	10 "
Oil of lavender.....	10 "
Oil of thyme.....	10 "
Oil of cloves.....	10 "
Oil of cinnamon.....	1½ "
Sugar coloring.....	q. s.

Mix and filter.

2. Perry Davis' Pain Killer.

Myrrh.....	1¼ lbs,
Capsicum.....	10 ozs.
Opium.....	8 "
Benzoin.....	6 "
Guaiac.....	3 "
Camphor.....	10 "
Alcohol.....	5 gals.

—*New Remedies.*

For Excoriated Nipples.—As an application to excoriated nipples the following is recommended :

R Balsam Peru.....	3 j,
Olei.....	3 jss,
Aquæ.....	3 j,
Mucil. acaciæ.....	3 jss.

M. Sig. Apply after last nursing, the nipples having been carefully cleansed.—*Ex*

Eczema of the Hands.—Dr. Van Harlingen in Philadelphia Medical Times, says : Many cases of acute eczema of the hands get well under the use of a saturated solution of boracic acid, and this application is particularly useful where there are numerous vesicular lesions inclining to coalesce and break down into eczema rubrum.

In such forms of the disease it is also that the old and tried calamine and zinc wash frequently proves efficacious. It is composed as follows :

℞ Pulv. calaminis præp. ʒ i,
 Pulv. zinci oxidi. ʒ i-ʒ ii,
 Glycerinæ. ʒ iii,
 Aq. rosæ. ʒ iv.

M. I have recently used with advantage a solution of sulphate of zinc in water :

℞ Zinci sulphat. ʒ ss,
 Aquæ. O i. M.

Also ointments of oleate of zinc or oleate of bismuth may be of service in some cases of acute and subacute eczema. The ointment of oleate of bismuth is most conveniently prescribed according to the following formula :

℞ Bismuthi oxidi. ʒ i,
 Acid oleici. ʒ i,
 Ceræ albæ. ʒ iii,
 Vaselini. ʒ ix,
 Ol. rosæ. m ii.

M. This very elegant pharmaceutical preparation was first suggested by Dr. McCall Anderson, several years ago, and it is a most useful remedy in eczema of whatever locality, but its action is particularly satisfactory in eczema of the hands.

One which I have employed in many cases with most satisfactory results is the ointment of calomel and zinc :

℞ Hydrarg. chlor. mite. gr. x-xxx,
 Ung. zinci oxidi. ʒ i. M.

Remedy for Migraine, or Hemicrania.—The following is Dr. Hermann Hager's Pulvis anti-hemicranicus imperialis—

℞ Quinidæ sulphatis. 1.50 gm.= 24 grains,
 Caffeinæ. 1.00 gm.= 15 "
 Acidi tartarici. 1.00 gm.= 16 "
 Morphie puræ.05 gm.= 4 "
 Sacchari albi. 10.00 gm.= 150 "

Mix, and make into five powders.

One of these is to be taken mornings and evenings. Said to be a sure remedy in hemicrania. If necessary, the quantity of morphia may be slightly increased. Feeble persons should divide each powder in two parts, and take both within an hour. Black coffee is the best vehicle for administering these powders.—*Ex.*



EDITORIALS AND MISCELLANEOUS.

RECEIPTED SUBSCRIBERS will be published in our next.

NOTICE.—*Many of our subscribers have forgotten us in the matter of remitting their dues. Friends, please attend to this matter at once. We are obliged to have money to run the Journal. Our printers are Cash men.* W.

EDITORIAL NOTICES.

PROF. POWELL, our Senior Editor has returned from his summer jaunt at Blue Ridge Springs, Virginia, with health, flesh and spirits all improved. He now wants every poor Doctor in the land to take the RECORD, that they may learn of the benefits of Mineral water. The Doctor now modestly concedes what has been often said of him, that he is a "*big man*." His present avoirdupois is 220. W.

CHOLERA.—Reports of cholera indicate a subsidence of the disease at the points where it has prevailed, and it is now believed that we will escape the apprehended visitation of this dreaded scourge in the United States.

YELLOW FEVER is prevailing to some extent in the West Indies and in Mexico, but with the strict quarantine regulations now in force, and the fact that the season is well advanced, we may hope that our country will not be visited by the disease the present season.

PREMIUM OFFER FOR NEW SUBSCRIBERS.—See the premium offer of a beautiful and interesting monthly (THE CONTINENTAL) for new subscribers to THE RECORD. It may be found under our Special Notice head. The proposition will be open until further notice.

FREDRICK STEARNS & Co., DETROIT.—The advertisement of this great Drug House referred to editorially in our last, was unavoidably crowded out of that issue. Don't fail to examine their insert in the present number.

MEDICAL COLLEGES.—The whole number of medical schools in the United States, not including the Irregular schools, is put down at 49. Amongst these are three Female Medical Colleges—one at New York; one at Chicago, and one at Philadelphia. There are possibly others of which we have not heard. There is a medical college for colored people at Nashville, Tenn.

NO, SIR!—To the question, "Are the Editors of THE RECORD responsible for the sentiments, or do they vouch for the truth of statements made in the articles of their correspondents?" We reply that of course we are not so responsible. We give place oft times to opinions and statements which we do not endorse. Our columns are open to the free expression and interchange of opinion by the brethren of the profession, and we do not object to fair and honorable reply and criticism to anything found in our pages, but rather court it as a method of mutual instruction, and as a means of advancing medical science and developing the medical literature of the country.

AMERICAN ACADEMY OF MEDICINE.

The Annual Meeting of the Academy will be held at the New York Academy of Medicine, 12 W. 31st Street, New York, on Tuesday, October 9th, (three o'clock P. M.), and Wednesday, October 10th 1888.

RICHARD J. DUNGLISON, *Secretary*.

MEDICAL MINISTRY.

[Concluded from last month.]

In the ministry of medicine the physician is the servant of the people. Yet, at the same time, he is master of the situation; for, under God, he holds the people's lives, as it were, in his hands, and to him they look for protection and defence against the dreaded and hydra-headed monster, Disease, and his all-conquering ally, Death.

But, to be vested with this power—with these sacred prerogatives, the minister of medicine must be a first-class man in every respect—first-class in his moralities, his character, acquirements and his skill. We should have Chevallier Bayards in medicine as well as in military and political circles, men without fear or reproach, and who do not consider any attainment too great to acquire in the grand and momentous work of adapting medical science and practice to the rescue of the world's sufferers from disease and the tortures of a lingering death.

It has been said that the commission of one unworthy man to the practice of medicine, was a direct means of demoralization. And why? Because the practice of medicine—and we say it with pride and gratification—the practice of medicine is a moral work. No science, especially one of such superior elements as that of medicine, can have a basis independent of an elevated, moral tone far superior to man—far above the finite conception of the human mind.

Not to recognize this unseen, but producing and propelling power of Omnipotence behind the laws that govern and interpret the science of medicine, is to ignore the presence of Nature and of Nature's God in that science, which is a most illogical and unscientific position to assume, and is also calculated to lower the tone of the whole medical profession and prostitute to base uses the noblest art of earth—that of healing the bodily ills of mankind.

As the character of no man is considered rounded and complete without the symmetrical finish of a moral development; so, the statue of the profession he represents will be modeled in accordance with the exalted tone of his own ideas and desires. Then if the moral character of every physician should advance to completion side by side with the grand possibilities of progressive medicine, he would be truly fitted and equipped for the high position of his calling, for I can but believe that there is a time in the future when the minister and the interpreter of medicine will understand and master the laws that govern the human organization, he will be able to preserve these caskets of marvellous workmanship committed to his care by the great LAW-GIVER, and that contains the mystery of the still more marvellous soul of man. I can but believe the physician will yet be able to preserve these caskets in their natal strength and beauty, and resign them at the fiat of death, only when man has lived out in both mental and physical vigor the full length of his allotted days.

The Shekinah of medicine will have burst in all the refugeance of its glory upon the medical world, and the physician will be known, loved and honored as the truest and best benefactor of the human race—without a fear, and as earth's best boon in the ranks of men.

T. S. P.

GEORGIA MEDICAL ASSOCIATION.

A writer in the Atlanta Medical Register complains of the \$5.00 assessment upon members, and thinks that a smaller fee—the Transactions to be printed in a cheaper form—would result in bringing out more members by encouraging the village and country Doctors to join, and would be productive of much good.

If the Society would publish the Transactions in the SOUTHERN MEDICAL RECORD, it would cost much less money and would reach ten to one of its present readers. It could be done in a single issue as a Supplementary Department of the Journal, and in one or two months after the adjournment.

PROFESSIONAL SECRETS.

The true and honorable physician will not, under any circumstances, disclose the secrets of his patient. The public and the courts approve and recognize this duty of the practitioner. In a recent decision of the Supreme Court of Missouri, it was held that a physician could not be compelled, on the witness' stand, to disclose a fact obtained by diagnosis of the case, even where the patient had not specially enjoined confidence, it being now well understood and confirmed by common consent and usage, that the physician will not disclose the secrets of his patients.

ROTHELN.

An eruptive disease which nearly answers to this affection as described by authors, is now prevalent in this vicinity, and is proclaimed and treated as *Scarlet fever* by some of our practitioners, which disease it closely resembles.

Rotheln is the German synonym for the *Rhubella* of the English. In America it has not, until within the last few years, been designated by either of the names mentioned. A majority of our practitioners not being conversant with the many later distinctions of the various skin affections, have classed and treated the disease as Scarlet fever, measles, etc.

Rhubella, Rubeola Sine Catarrho, False Measles, German Measles are the several names which have been applied to the disease. It has been defined "A specific eruptive fever, the rash appearing during the first day of the illness, beginning, usually on the face, in rose red spots, extending next day to the body and limbs, subsiding with the fever on the third day, and not preceded by catarrh or followed by desquamation.

It is considered contagious. The diagnosis is often confused by the incidental presence of catarrh or sore throat. It is a mild affection, and usually recovers spontaneously in three or four days. We are in the habit of prescribing a mild laxative in the outset and the use of the following to allay the fever, if high—

Tinct. aconite..... 5 drops,

Water 4 ounces.

Teaspoonful every one to two hours.

BOOK NOTICES.

Transactions of the Medical Society of Pennsylvania, held at Norristown, May 1883; 508 octavo pages, bound in cloth.

Officers elect for 1884: President—Henry H. Smith.

Vice-Presidents: 1st. Ellis Phillips, Schuylkill Co. 2nd. H. B. Van Belsah, Clearfield Co. 3d. J. W. Kerr, York Co. 4th. S. S. Schultz, Montour Co.

Secretaries: Wm. B. Atkinson, Philadelphia; Morris S. Fouch, Philadelphia; John S. Lee, Philadelphia.

Treasurer: Benjamin Lee, Philadelphia. Wm. B. Atkinson, Chairman of Committee of Publication.

Many able and instructive papers are contained in this book on various subjects of interest which we have not space to detail. We have always found the Pennsylvania transactions large, neatly bound and valuable. The next meeting is appointed for Philadelphia, the first Wednesday in May, 1884.

Transactions of the Michigan State Medical Society for the year 1883, held at the Academy of Music, Kalamazoo, Michigan, May 9th and 10th.

The address of welcome was by E. W. DeYoe, and the President's address by G. W. Topping, M. D. Papers were presented by—

Dr. Wm. Brodie, on *Tumors of the Scalp*. Dr. C. J. Lundy, on *Errors of Refraction*. Dr. A. R. Smart, on *Foreign Body in the Ear*. Dr. Eugene Smith, on *Ulcers of the Cornea*. Dr. H. J. Reynolds, on *Urethral Inflammation*. Dr. H. B. Baker, on *Epidemic Waves of Diphtheria*. Dr. T. N. Reynolds, on *Timely Catharsis*. Dr. J. A. Post, *Water in Health and Disease*. Dr. E. B. Ward, on *Pro bono Professions*.

Officers elect: A. F. Whelan, of Hillsdale, President. Horace Tupper, of Bay City, 1st Vice-President. J. S. Hamilton, of Tecumseh, 2d Vice-President. H. B. Barnes, of Ionia, 3d Vice-President. Augustus Kaiser, of Detroit, 4th Vice-President. Geo. E. Ranney, of Lansing, Secretary. A. R. Smart, of Hudson, Treasurer.

The transactions are neatly gotten up. The papers and addresses are creditable, and bespeak a good degree of zeal and interest in the Society and in the profession. The next meeting will be at Grand Rapids, in May, 1884. We make this suggestion to Secretaries of societies: Always designate the time and place of next meeting in a note appended to the list of officers elect, so that it may be easily found.

FAITH CURES.

There seems to be, of late, a growing tendency to accept and believe in the doctrine of Miraculous or Faith Cures. Certain prominent ministers, as the Rev. Mr. Barnes, of Kentucky, and others, have yielded their assent to this idea, and claim to have cured many afflicted people by prayer and the laying on of hands. Dr. Gorton (New York Medical Times) in an article on this subject makes some very sensible remarks touching the influence of the mind on disease, and of faith in the drug or the Doctor as a therapeutic agent. He truly remarks that—

"Its influence is not limited to the domain of religion or emotion. We repeat that Faith is a mental force exerted in the direction of a particular object. It may be claimed to be a leading factor in effecting vital changes in the economy—an indispensable factor, without which many derangements and defects of the organism would remain irremediable. What would become of the marvelous effects attributed to the influence of infinitesimals were it not for the existence of the faith element? As for us, we are more surprised at the alleged effects of minutely attenuated medicines than we are at those of prayer. Some of the cures effected by the high potencies are more marvelous than the so-called miracles of the saint or the religious devotee."

"We may not know all the sanative and therapeutic agencies involved in the action of a specific medicine, nor those exerted by a strong-lunged orator in prayer for the same end; but we are in a position to affirm that a *strong belief* in the efficacy of *either*, on the part of both dispenser and recipient, is essential to the production of a beneficial result. Certainly the patient must believe—have faith—in the power of medicine and in the skill of the doctor, and the doctor must likewise have faith in it as well as faith in himself, or the medicine is shorn of the larger part of its sanative virtues and the doctor of his success."

PAMPHLETS RECEIVED.

Some Remarks on Naso-Aural Catarrh and its Rational Treatment, by John N. MacKenzie, M.D., late House Physician in Bellevue Hospital, New York, and Chief of Clinic at the London Hospital for Diseases of the Throat and Chest, Surgeon to the Baltimore Eye, Ear and Throat Charity Hospital.

Neurotic Pyrexia, with special reference to Opium Addiction, by J. B. Mattison, M. D., Brooklyn, New York.

The Curability of Opium Addiction, by J. B. Mattison, M.D., Brooklyn, New York. Read before the King's County Medical Society, June 19th, 1883.

Clinical Notes on Opium Addiction, by J. B. Mattison, M.D., Brooklyn, New York.

A Personal Narrative of Opium Addiction, by J. B. Mattison, M.D., Brooklyn, New York.

Opium Addiction among medical men, by J. B. Mattison, M. D., Brooklyn, New York, read before the New Jersey Medical Society, Atlantic City, June 18th, 1883.

Observations on the management of Enteric Fever, according to a plan based upon the so-called Specific Treatment. Read before the College of Physicians of Philadelphia, January 8, 1883.

Club-Foot—Simple measures for its early relief, by DeForest Willard, M.D., Lecturer on Orthopedic Surgery in the University of Pennsylvania, Surgeon to the Presbyterian Hospital, etc.

Ambulance Service in Philadelphia. Read at the Academy of Music, April 30, 1883, by DeForest Willard, M.D., Surgeon to the Presbyterian Hospital, Lecturer on Orthopedic Surgery, University of Pennsylvania.

Adherent and Contracted Prepuce, commonly called Congenital Phimosis. Read before the Philadelphia County Medical Society, April 11, 1883, by DeForest Willard, M.D., Lecturer on Orthopedic Surgery in the University of Pennsylvania, and Surgeon to the Presbyterian Hospital.

SPECIAL NOTICES.

The Continental Magazine.—We wish to bring to the notice of our readers, this first-class, illustrated, monthly Magazine, which is published by A. C. Meyer & Co., Baltimore, Maryland. The yearly subscription price is only 50 cents, post-paid; the contents are varied, clear and interesting, and it is profusely illustrated. It is but little to say for it, that it is worth three or four times the price asked, and we cheerfully recommend your subscription to it.

✶ Will send *The Continental* as a premium to any one sending us the name of a new subscriber and our usual subscription price of \$2.00.

MANAGING EDITOR OF RECORD.

Dr. R. M. KING, Professor of Physiology and Clinical Medicine, St. Louis College of Physicians and Surgeons, says: "I have used **IODIA** in my practice, and so far it has satisfied my expectations. I regard it as an efficient alternative and a very valuable remedy in syphilitic and strumous affections. I therefore cheerfully commend the preparation, and ask for it a fair trial at the hands of the profession."

DR. MCARTHUR'S Compound Syrup of Hypophosphites is receiving the highest commendation of prominent physicians who have used it with success when other preparations have failed. The care with which it is prepared and the purity of the ingredients doubtless contribute to this result.

Very Handy.—A fullset of **Ahl's Splints**, containing a splint adapted to every fracture in the body can be bought at **A. L. HERNSTEIN'S Surgical Instrument Depot** in Atlanta at reduced rates, (\$25). Address, **A. L. HERNSTEIN, Atlanta, Ga.**

Diabetes.—The attention of the profession is called to a new remedy for the successful treatment and permanent cure of Diabetes Mellitus, **GILLIFORD'S SOLUTION OF ARSENITE OF BROMINE**. This remedy has also proved very useful in the treatment of a variety of nervous affections. Manufactured and sold by **R. H. GILLIFORD, M. D., Allegheny, Pennsylvania**. In $\frac{1}{2}$ -pint bottles, \$1.00 per bottle, \$10.00 per dozen. Sent by express on receipt of price. Sample free to physicians. July, 1888-12 ms.

Surgical Instruments.—A branch house of the New York establishment of **A. L. HERNSTEIN**, has been established in Atlanta, and will constitute a convenient depot whereat anything in the Surgical line can be bought or manufactured. The Profession throughout the South should note this as an important indication of Southern progress, and should show their appreciation of the same by giving this establishment their encouragement and patronage.

McKESSON & ROBBINS.—This great Drug Establishment of New York, has a wide and long established reputation as reliable and eminently successful business men. Their various preparations are of acknowledged excellence and purity, and are unexcelled for the neatness, taste and beauty with which they are presented to the trade. See their advertisement opposite 1st page of reading matter in this Journal.

More of **ELLIOTT'S SADDLE BAGS** are sold than all other patterns combined. One thousand have been shipped to different parts of the country since January 1st. The proprietor invites a thorough investigation and comparison of every Bag in the market. The U. S. Government did this in 1879, and adopted the **ELLIOTT**. Doctors that do the same thing get the standard article. Send for circular to **A. A. MELLIER, 709 Washington Avenue, St. Louis, Mo.**

PEARCE, DAVIS & CO.—This magnificent Drug establishment, located at Detroit, Mich., have, by unremitting perseverance and faithfulness in all their business interests, obtained the confidence and good will of the medical profession throughout the entire country. They have accomplished much for the progress of Medical Science and largely benefitted mankind by the introduction of new and important Drugs. They are entitled to the thanks of the Profession, and justly deserve the high reputation to which they have attained.

Wm. R. Warner & Co.—This splendid Drug House, so widely and favorably known, both to the home and foreign trade, continue to maintain their high position. Their preparations are regarded by the profession everywhere as unsurpassed for purity and elegance. In respect to their quinine pills, so deservedly popular, the following certificate has been published:

PHILADELPHIA, PENN., December 22, 1882.

An analysis of seven samples of Quinine Pills, obtained without knowledge of the manufacturers, was made and published in the American Journal of Pharmacy by me, and those made by **William R. Warner & Co.**, were found to be correct as to quantity and purity of Quinine. **HENRY TRIMBLE, Analytical Chemist.**

Purchasing Agency.—We have established a Purchasing Agency in connection with the RECORD office, by which parties desiring goods of any kind may order through us what they want, which they can obtain at lowest rates and save the expense of a trip to the city. Strict attention to the interest of the purchaser will be observed in the selection of articles. Subscribers to this Journal will be charged no commission for purchases made through this Agency. Cash should accompany every order. Address,

Dr. R. C. WORD, Managing Editor, Atlanta.

AUG 13 1886

Southern Medical Record:

EDITORS:

T. S. POWELL, M.D. W. T. GOLDSMITH, M.D. R. C. WORD, M.D.

R. C. WORD, M.D., Managing Editor.

All Communications and Letters on Business connected with the RECORD must be addressed to the Managing Editor.

VOL. XIII. ATLANTA, GA., OCTOBER 20, 1883. No. 10.

ORIGINAL AND SELECTED ARTICLES.

OBSTETRIC SOCIETY OF PHILADELPHIA.

A stated meeting was held September 6, 1883, the President, R. A. Cleemann, M. D., in the chair.

Face Presentation with Eclampsia.—Dr. William T. Taylor read the report of a case, as follows:

"Face presentations are somewhat rare. Dr. Churchill said, some years ago, in recording the statistics found, that in British practice they occurred once in 292 cases; in French practice once in 275 cases; and in German practice, once in 130 cases. In my own practice I have met with about one dozen, and as the last one was combined with eclampsia, I will report it to the society.

"During utero-gestation my patient enjoyed very good health, having no headache, no swollen limbs nor bloated features, no vertigo or dimness of vision. There was no deficiency of urine, and therefore I did not examine it for albumen. Her appetite was fair, her bowels were regular, and she took a moderate degree of exercise; so I had no reason to expect trouble when labor began.

On May 14, 1883, I was summoned, at 6 a. m., to visit Mrs. C. Haley, aged 23 years, a primipara, who was in the first stage of labor, having had a show since midnight. On examination, I found the os very slightly dilated, with the pains "few and far between," and the face of the child presenting, with the chin toward the sacrum. The nurse informed me that the patient had not slept during the night, and was very nervous and irritable. Her skin was moist, her pulse was normal, and she had urinated frequently. I gave her a mixture containing hydrate of chloral, bromide of potassium, and valerianate of ammonium, to compose

her, and went home to my breakfast, intending to return in a few hours. At eight o'clock her husband came to my office and told me that his wife 'had had a fit, and could not keep the medicine down.' I arrived at the house at 8:30 a. m., and sent immediately for some powdered hydrate of chloral and an injection apparatus. The patient had had two convulsions, which were ushered in by complainings of her head, her face being very red, and her head drawn to one side, with the features much distorted. The first convulsion occurred when the nurse was about to give the first dose of the medicine. Directly after my arrival a third convulsion occurred, and lasted for a minute or more, her head being violently drawn to the right side, with jerking of her arms and legs. I dissolved one drachm of the hydrate chloral in about four ounces of water, and threw it into the rectum. The fit yielded immediately. As she was unconscious, I had an excellent opportunity of examining her. The os was dilated to the size of a quarter of a dollar, and soft, so that it yielded gradually to the pressure of my fingers, when I discovered the face presentation, with the chin toward the left sacro-iliac junction. I endeavored to push the chin toward the breast, so as to bring down the occiput in the second position of Baudelocque. This I found somewhat difficult; but, as the os dilated under the pressure of my fingers, I reached the occiput, and, after several attempts, succeeded in bringing it down to a favorable position—the one aforesaid. My patient, by this time, was becoming restless and uncontrollable, and, fearing another convulsion, I again gave her an injection of chloral, which quieted her. Having placed her on her back, and brought her to the edge of the bed, her limbs being supported by the nurse and another woman, the forceps was easily applied, and the head brought down below the inferior strait. I removed the instrument when the head pressed against the perineum, allowing nature to finish the delivery.

The child, a boy, was still-born, the cord being pulseless. In fact, I was apprised of this while endeavoring to dilate the os with my fingers, for a significant tremor had passed through the body of the child, assuring me of its death. The placenta was removed quite easily.

"During all this time my patient was unconscious, and had no return of convulsions from the time I gave her the first injection of chloral. As her pulse was good and her respiration easy, I applied a binder, and, having placed her in a comfortable position, left her sleeping.

On my return, at 5 p. m., she was restless and slightly feverish, but, after taking a few doses of chloral and valerian, she was quieted to sleep. On the next morning, May 15th, she was perfectly conscious; pulse 80, temperature 99° F., and respiration normal. She had urinated freely, and, with the exception of slight soreness over the abdomen, was very comfortable. She inquired for the baby, knowing from her condition that it had been born, but the preceding twenty-four hours were to her a perfect blank.

From this time she had no further trouble, and soon recovered. This case certainly showed the beneficial effect of injections of

hydrate of chloral in controlling puerperal convulsions when they are of a nervous form."

Dr. Albert H. Smith remarked that face presentations and puerperal convulsions presented a large field for discussion. Dr. Taylor was very fortunate to be able to bring down the occiput and keep it down until the forceps could be applied. In this operation a man needed three hands—one to hold the head while the others manipulated the instrument. The mechanism of a primary face-presentation, as reported in this case, was difficult to understand. It might occur secondarily from obliquity of the uterus and a sudden rush of waters, causing a sudden engagement of the head before flexion could be secured. In such cases it was very difficult to secure and maintain flexion until the forceps could be applied. In the majority of cases of face presentation, even with the chin posteriorly, nature was best able to terminate the case satisfactorily. It was to this class that the aphorism "meddlesome midwifery is bad" was most applicable. The natural forces work slowly, and the neck of the child became accustomed to the extreme extension which it had to undergo, while it was very bad to bring a sudden strain on the vertebræ and other tissues of the neck by too rapid forcing of the chin into violent extension by means of the forceps or otherwise. The consequence of the hasty proceeding was a still-born child. The only ground for interference was an alarming condition of the child's pulse. If the child's heart was beginning to fail, we must take the risk and give it the benefit of the chance. The child's head could not be born in a face presentation until the chin had engaged under the pubes. The old teaching was that the chin posterior could not be born; but he was very early undeceived on this point, one of his earliest cases having been of that character. He had sent for his preceptor to come and bring perforating instruments, but, while awaiting their arrival, nature proved equal to the task, rotation occurred spontaneously, and a living child was born."

Dr. B. F. Baer inquired if version by the feet would not be much preferable to waiting for nature to deliver in chin-posterior positions?

Dr. Smith did not mean that we should never interfere in a case of this kind, but that a large majority, if left to nature, would terminate spontaneously by anterior rotation of the chin, with safety to both mother and child. He would decidedly negative the proposition of version by the feet, because, the amniotic sac having been necessarily ruptured by previous efforts to bring down the vertex, the waters would have been completely evacuated, and the uterus would be in a condition of spasmodic contraction, so that an attempt to turn would involve great danger of rupture of the organ. The introduction of the hand always increased the risk of septic absorption—two terrible risks for the mother, while the child was exposed to all the dangers of head-last delivery. He would consider chin posterior presentations natural labors, and would allow them to terminate spontaneously unless there was some complication demanding version.

Dr. J. G. Allen coincided with Dr. Smith in his conservative

principles. The risks of version to the mother were great—too great to allow it to be performed for the sake of the child. The operation of version was not looked upon in so serious a light as it should be, under all circumstances. In some instances it might be very easy, and might terminate well, but in others, apparently similar in conditions, the results to the mothers were bad. He would not lose one mother to save ten children. He would never resort to version unless the labor was impossible under other measures. Even after it was skillfully performed the child was often still-born. The increased risk to the mother was followed by no corresponding gain in safety to the child.

Dr. R. P. Harris thought the ideas of Dr. Smith were the same as held by most eminent obstetricians, and agreed with their practice as expressed to him in private correspondence.

Dr. Baer was willing to be taught. The views expressed this evening did not harmonize with the teaching of even the present day in Philadelphia. He had been taught that version would be proper if the case was diagnosed early and the operation could be performed before the waters were evacuated, and it seemed to him that the rational thing under such circumstances would be to turn. It was entirely a new light to him to consider chin-posterior cases as easy, natural labor. He had been taught to look upon them as impossible of spontaneous completion, rotation never taking place, the forces in action not being great enough to compel it. His own recent experience had led him to doubt this dictum; with one blade of the forceps, used as a vectis, he had without difficulty secured anterior rotation. His idea of the impossibility of rotation under the circumstances had made him doubt the correctness of his diagnosis of the position, but the principles put forth this evening reassured him. Might the death of the child, causing relaxation, be the cause of the face presentation?

Dr. Allen did not expect others to accept his opinion, but in his denunciation of turning he alluded to the complete transposition of one extremity of the fetal ellipse for the other, and did not include the changing of one part of the head for another; but, in the first class, the poor chance of saving the child would not compensate for the increased danger to the mother.

Dr. Smith did not consider the chin-posterior an easy natural labor. On the contrary, it was the most difficult of natural labors. The chin struck upon the posterior inclined planes and was rotated to an anterior position, in which it engaged under the arch of the pubes exactly as the vertex would. In multiparæ, nature was able to accomplish this result, but in primiparæ assistance in rotation might be required, and even traction might become necessary. In contrasting the dangers incident to version by the feet and those involved in trusting to nature in this condition when the waters had been discharged, as they necessarily had, in the attempts to bring down the vertex, which would be first tried, we must remember that the child would be tightly grasped by the uterus, and that it must be twisted upon its long axis as well as turned to bring the nape of the neck under the arch of the pubes, and that this

procedure would greatly enhance the danger to both mother and child.

Dr. Taylor, in closing the discussion, remarked that the death of the child occurred after it was fully engaged, and was not a factor in causing the face presentation. When he made his diagnosis of position, the head was high up, and, the child being small, he had no difficulty in bringing the vertex down.—*N. Y. Med. Record.*

SOME GENERAL AND SPECIAL FACTS CONCERNING SYPHILIS.

Rarely within the first year, and generally after, tertiary syphilis arises. The symptoms and signs of this stage are: Skin eruptions of severe types; bone diseases; diseases of the viscera. Of the skin diseases rupia, ecthyma and tubercular disease are common. These three are easily distinguished from each other. Rupia, at first a papule, then a vesical, then an ulcer covered by a small greenish scab. The ulcer does not heal, but under the crust it enlarges and thus creates (the result of exposure to the air, etc.,) another crust under the first and slightly larger than it. The process continues until the patient presents numerous green pyramidal crusts, covering underlying ulcers. The formation of the rupial crust can be easily explained, thus: Let a dime represent the first crust; place under the dime a larger coin, a penny; under this a five-cent piece; under this a silver quarter, and the stratified pyramidal crust of rupia is explained.

Ecthyma begins like rupia, but instead of a round or circular shape is oval. It is covered by a yellowish green oyster shell-like flattened crust which, as in rupia, covers an ulcer.

Tubercular eruptions consist of nodules deposited in the dermal and subdermal tissues. These nodules are the seat of pain of a constant dull but severe nature. Their tendency is to ulcerate, and when this occurs they may become covered with crusts or remain ulcers, generally with sharply cut edges. Rupia, ecthyma and tubercular eruptions leave cicatrices. They occasion more or less constitutional disturbance. They have their favorite sites upon which to locate. Rupia and ecthyma appear most commonly on the thighs and legs; the back, arms, forearms, etc. Tubercular syphilis appears anywhere, principally on the face, forearms, legs, etc. All three prefer the outer portions of the limbs.

Gummatous tumors under the skin now and then appear. The regions abounding in lax connective tissue are their favorite seats; thus, they are met with on the scrotum, etc. Dermal gummata are rather rare. "Nodes" or bone "gummata" are tumors under the periosteum separating it from the bone. Here they occasion severe pain, continuous, aggravated at night-time. The pain in gummata of the skin is slight, as a rule. Bone diseases, caries and necrosis, often occur in late syphilis, and generally the result of the formation of gummata. These gummatous tumors are the result of inflammation, localized, in which the inflammatory product effused gradually assumes a gelatinous consistence and is composed of cells

resembling those of granulation tissue. The tumor forms under the periosteum, lifting it from the bone and destroying the blood channels by stretching or otherwise preventing nutrition of the surface of the bone, hence death of the surface or caries results. Inflammation of the whole bone may occur, resulting in the formation of gummata within the cancellous structure and so interfering by inflammatory exudations with the circulation of the bone that necrosis results. Caries is often, necrosis rarely met with. A curious result of syphilitic osteitis is hardening or ivory-like condensation of inflammatory effusions.

A patient in the Philadelphia hospital died of pneumonia. He had been a syphilitic; had had osteitis of the tibia; section of the right tibia showed diffuse sclerosis of the bone. The head of the tibia was enlarged, and in its center were ivory-like condensations of bone; the same condition was seen in the left tibia, but to a less extent. Gummata most frequently occur on the sternum, the tibia, the cranium; but any bone may be thus attacked. I have known a syphilitic gumma of a metacarpal bone laid open under the impression that subperiosteal abscess existed.

Internal syphilitic disease (sometimes called quaternary syphilis) means disease of the viscera. Syphilitic subjects frequently show, on post-mortem, large cicatrices in the liver, most probably the former seat of gumma, which has undergone fibroid change, or having been absorbed, was succeeded by a growth of fibroid tissue. Of the spleen the same may be said. The lungs are liable to a deposit of small gummata or tubercle which, when well developed constitutes a form of "consumption" which, under treatment, gives good results. All tertiary syphilitic lesions are the result of some form of inflammation. The lungs, liver, spleen, testicles, and brain are the viscera most commonly affected; any organ may, however, become the seat of disease, and the diseases which are most common are gummata, fibroid degenerations, amyloid degenerations, growths of connective tissue, and other degenerations, as in blood-vessels the early occurrence of atheroma points to syphilis. A kidney disease, amyloid degeneration, is now and then met with and exhibits all the symptoms of that trouble. At the same time it must be remembered that a better prognosis may be given for those cases of amyloid disease when occasioned by syphilis than when due to other causes. The virus of syphilis acts only when sufficiently concentrated and, also, the quality of the virus undergoes with age a change.

Proofs: First. The virus of syphilis requires time after the primary lesion to produce secondary symptoms as eruptions, iritis, etc. This is called a period of incubation; fermentation, growth, or concentration of the virus, expressed more plainly. When an outbreak occurs the virus is for the time being exhausted. Why? The skin, endeavoring to eliminate from the supercharged blood, the poison accompanies its assumed function to a certain degree; when, however, this enumctory is thus severely taxed for a variable period, the poison occasions inflammatory skin troubles, as papules, etc. Now comes a stage of rest, absence from eruptions, etc.; the virus is multiplying, growing, and when again sufficiently

concentrated another outbreak occurs. Second. The virus changes its character. 1. Take, for instance, the appearance of the lesion in secondary syphilis and contrast them with the serious lesions of tertiary syphilis. One and the same virus, without changing its quality or character, would produce the same lesions, but the lesions of tertiary syphilis differ greatly from those of primary and secondary syphilis. 2d. The auto-inoculability of primary lesions is very low; the auto-inoculability of tertiary lesions (pus from ecthyma, etc.,) is greater and will produce lesions allied to those from which they are taken. 3rd. Primary and some secondary lesions will produce when inoculated from, upon a non-syphilitic, chancre followed by general syphilis. The virus from a tertiary lesion will rarely produce primary syphilis when inoculated upon a non-syphilitic. 4th. The child of a syphilitic parent or parents, before tertiary syphilis has become manifest, will most likely be the subject of inherited syphilis, presenting generally secondary symptoms within a few months of its birth. The child of parents long the subject of tertiary lesions rarely develops syphilitic conditions, commonly they are strumous. From these considerations I think it is justifiable to infer that the virus of syphilis is modified by age, and, also, that a certain quantity of the virus is requisite before it can or does produce syphilitic signs or symptoms.

The treatment of tertiary syphilis is simple, and as a rule, satisfactory. An important point is the nutrition of the patient. The best of food, plain but substantial and plenty of it, brandy two to four or six ounces per day, will frequently alone cause the simple and less complex symptoms to disappear; iodide of potassium is here as valuable as it is worthless in primary and early secondary syphilis.

The dose must depend upon circumstances. Mercury salts should also be given to counteract active virus, but it must be watched and given in small quantities. Rupia, ecthyma and ulcerated tubercles may be advantageously treated by removing the scabs and crusts and applying an iodoform ointment of iodoform with a mercurial ointment—as a rule this treatment does not leave such marked scars as if the crusts were left alone. Internal treatment must, of course, be given at the same time. When ulcerated tubercles are very obstinate the application every third day of one part to seven of the acid nitrate of mercury in addition to the above frequently facilitates cicatrization. If the ulcer be deep, obstinate and large, the application of a lead plate (see November number, 1882, on "Treatment of Ulcers by Lead Plate") will cure the case. Tonics, fresh air, cleanliness, good food, are invaluable. For visceral lesion, the iodides with mercury; and in a lung case especially, the iodide of ammonium, is of great service. Nervous diseases due to syphilis are treated in the same manner, care being exercised to keep the muscles from undergoing degeneration by the current, faradic or galvanic.

Gummatous tumors, wherever situated, should never be opened unless they threaten the destruction of the patient. Large doses of the iodides remove them.—*Western Med. Rep.*

BALTIMORE MEDICAL ASSOCIATION.

A STATED MEETING HELD THE 26TH OF MARCH, 1883.

The Association was called to order by the President, Dr. J. S. Conrad, at 8:30 p. m., in the presence of twenty-three members.

The committee of honor reported favorably on the names of Drs. C. D. Smith and John N. Mackenzie, who were then elected to membership.

Drs. Z. K. Wiley and S. J. Fort were proposed for membership.

Dr. Cordell reported the following case of "Adherent Placenta following miscarriage, accompanied by alarming hemorrhage, necessitating its forcible removal."

A young unmarried girl, æt. 19, who had missed her monthly sickness, according to her account, for two months, began to have a slight discharge of blood February 6th. This had ceased by evening, to return more freely two days later. She passed a large quantity of blood, both fluid and in clots, until the night of the 9th, when severe intermittent pains in the back and abdomen set in. Being called on the following morning Dr. C. found the os firmly contracted. Not being able to find out whether any portion of the ovum had been passed or not, opium was given freely with the object of arresting, if possible, the pains, and preventing miscarriage. The pains were relieved but the oozing of blood continued copiously, so that at night the patient was much exhausted. The os was now softer and patulous and clots of blood protruded from it. Deeming the miscarriage now inevitable, and fearing the effects of further hemorrhage, he proposed introducing a tampon, but the patient obstinately refused to allow it to be done. Accordingly she was left for the night as she was. On the following morning she was very weak and anæmic, suffered with giddiness on motion, with nausea and vomiting, fluttering pulse becoming very rapid on the least exertion.

Her dangerous condition was now fully explained to her, with the statement that unless she consented to being treated as he thought best he would resign the case. Upon these representations she consented, and he proceeded to empty the uterus, after having given two drachms of Squibb's fluid extract of ergot at intervals of a half hour.

During the pains excited by this agent, he introduced two fingers of the right hand and found the os soft and patulous, and the supposed blood clots protruding from it. He had no difficulty in reaching the cavity of the uterus, and by pressing down the abdominal walls (the patient being under the influence of chloroform) detaching and withdrawing the placenta, which he found quite firmly attached to the fundus. Having thus emptied the uterus he passed a sponge tampon dipped in vinegar up to the os. The after-birth, which seemed, by its size, to indicate a more advanced period of pregnancy than corresponded with the patient's statement, was found in fragments in the bed among the blood clots. The sponge was removed in a few hours, and it was found

that the os was contracting and there had been no hemorrhage. The patient is now doing well. (Under the use of the tinct. ferri chloridi, whisky, milk and beef tea, she made a rapid recovery, and was up on the ninth day. *Rep.*)

Dr. Erich spoke favorably of the suggestion made by Dr. Williams, viz: to give small doses of ergot frequently for the purpose of arresting hemorrhage in threatened miscarriages. He had tried it in the case of a lady, two months pregnant, who had had a large hemorrhage, giving ten drops every hour until the hemorrhage ceased, then at longer intervals. She continued using the remedy thus—having recurrence of the hemorrhage at intervals—until the fifth month. Then, in consequence of the loss of her father, she miscarried twin children. She had, meanwhile, taken a large quantity of the remedy. Although he failed to accomplish his object of carrying her to term, he felt confident that her pregnancy had been protracted by the treatment. The case shows that ergot will arrest hemorrhage occurring under such circumstances, and that it is safe. He has used it repeatedly and always with satisfaction.

Dr. Ellis thought that in recurring hemorrhage without pain it would be safe and efficient, but where pains are marked it would be a very dangerous agent.

Dr. Erich said hemorrhage causes abortion by filling the cavity of the uterus and exciting contractions. There is then alternate relaxation and contraction; the small doses of ergot render the contraction continuous.

Dr. Browne said a woman having a fall and then threatened abortion demands opium, not ergot. The rule is with much pain and cervix contracted, give anodynes, if there be flooding, patulous cervix and considerable hemorrhage, give ergot. In some cases we unite the latter with opium or viburnum prunifolium. In many cases of abortion ergot is not applicable.

The President observed that ergot has two distinct effects, one its specific action on the uterus; the other, its vaso-motor or hemostatic action. The small doses spoken of, therefore, may produce the latter, and not the specific.

“Phthisis Arrested by an Attack of Typhoid Fever.”—Dr. Gilman reported the case of a young lady predisposed to phthisis, her father and mother both having died of it. She went to Europe after the signs of phthisis had developed in her, had typhoid fever in Rome, and came back apparently well.

Dr. Gilman then referred to a letter received from Dr. Buckler, of Paris, in which the writer takes the view that typhoid fever is prophylactic against phthisis.

By vote Dr. Gilman was requested to present Dr. Buckler's letter to the Society at the next meeting.

“What Shall we do with Chloroform?”—Dr. Jos. T. Smith opened the discussion of this subject with a paper, which has been published in the Southern Clinic. The conclusion of the paper was in favor of chloroform. In children and obstetrics it is not in

question, but only in surgical practice. It is far superior to ether in its action and effects. Ether kills in but one way, chloroform in two.

Dr. Rohe said it was a mistake to suppose that chloroform is entirely safe in children. Ten per cent. of all the cases of death under the anæsthetic are observed in children under twelve. He believed that the proportion would even reach one-half if the ratio of children to adults operated upon were taken in consideration. The safety of chloroform in labor depends upon two causes: 1st. It is rarely given to complete anæsthesia. 2nd. There are good grounds for believing that there is hypertrophy of the heart at this time, as pointed out by Dr. Fancourt Barnes.

Dr. Erich said one reason of the opposition to ether is that very few know how to use it. He had used it for twenty years, and uses it alone. Has not seen any ill effects from it. At first he employed the cone formed by a towel, when a half hour was required to produce anæsthesia, the room was filled, and the operator became nearly as drunk as the patient. He used chloroform in labor, and regards it then as safe, the excitation and pain producing a tolerance of it.

By excluding air we get the patient under the influence of ether in three minutes—on the average quicker than chloroform. In a case of vesico-vaginal fistula only a little over two ounces were used. Dr. Erich regularly employs Rohe & Leonard's India-rubber bag, with mouth-piece. The patient must be prepared for a feeling of suffocation at first, and his hands must be held for a few breaths. If he understands fully what is being done he will co-operate. After he gets under the influence of the agent we may give air as freely as we please. Here we may have vomiting after the operation, but not during it. In chloroform the reverse is the case. The opposition would cease if the proper method of using ether were known and practiced.

Dr. Waters had been present at about 1,000 administrations of chloroform. The only case of a threatening character from the use of anæsthetics was when ether was used. In that case the patient had been sinking.

Dr. Rohe quoted Lyman's statistics, according to which 104 died before the full effect of the chloroform was secured, 105 after. It is a mistake to suppose that death always occurs at the beginning of the anæsthesia.

Dr. J. T. Smith replied that authorities, as Stille, state that chloroform is safe in childhood. The struggling by ether is not to be prevented. In chloroformization, vomiting may be prevented by not allowing food for some hours before anæsthesia.

The President said on the battle-field chloroform was given with the utmost freedom, and there was never any bad result. It was only when he got into civil practice that he began to hear of bad results. But in twenty years' practice (in which he had given it once a week on an average) he had experienced bad results in but two cases, viz: In a boy who had strangulated hernia, for

which taxis was being employed, and who became rigid and collapsed, but was restored by prompt treatment; in a case of fistula where the respiration and heart-beat ceased but were restored by treatment.

One of the greatest recommendations of chloroform is the small bulk required, one ounce usually sufficing.—*Maryland Medical Journal*.

THERAPEUTIC ACTION OF GELSEMIUM.

BY E. W. LANE, M.D., SCARBORO, GA.

Will you give me space in your valuable journal that I may say something of the action of the gelsemium *semper virens*, as it has occurred to me in practice. I have been using it for several years, and have been observing its effects as closely as I could in a country practice. I find that it is useful in a great many of the diseases peculiar to this locality. My practice is in what is called a malarious district, and almost all the diseases that our people have, partake of that form. I know not what the malarial poison is, but whether it be cryptogamine, bacilli, poison gasses or something else, I know that the diseases of this locality assume that form in a more or less degree. The nervous system is decidedly out of order, being in a highly irritated condition. I find the gelsemium to be an excellent remedy to quiet the nervous excitement when given in proper doses and at proper intervals. It would be tedious to name all the diseases in which it is useful. It is sufficient to say, that whenever there is an exalted condition of the nervous system, that its use is indicated; the dosing should be just in proportion to the amount of the nervous excitement. If the fever runs high, say up to 103° or 104°, I find it best to give it in such doses as will produce its physiological effect, say twenty-five drops of the saturated tincture in a tablespoonful or two of water, every two hours, until its effect is produced. The physiological effect is to relax the muscular system, and to equalize the circulation by its action upon the cerebro-spinal centres, thus controlling the vasso-motor system of vessels. The skin then becomes moist, and the temperature falls, and the patient is then in a proper condition to take quinine, though not in such heroic doses as some of the profession think best now-a-days, but in four or five grain doses, combined with twelve or fifteen drops of gelsemium every two hours, until the physiological effect of the quinine is produced, and then seldomer, just sufficient to keep up the effect of the quinine.

About twenty years ago, cerebro-spinal meningitis prevailed in this locality to an alarming extent. Some of those who did not die were made blind, and some were partially paralyzed. Since that time it has made its appearance here almost every year, though not to such an alarming extent. We now treat it by first bringing the patient fully under the influence of gelsemium, thus controlling:

the convulsions, and then using other appropriate remedies, and we seldom lose a patient who has been thus treated early in the disease. The gelsemium is a decided antispasmodic when given in sufficient doses, and in all cases where it is necessary to relax, I know of no better remedy. It has other properties also. It has a great affinity for inflamed mucous surfaces. It is an excellent remedy in gonorrhœa, catarrh of the head, etc. It also has anodyne properties, but not so well marked, except pushed to its physiological action. I think that when combined with morphia, say twenty drops of the gelsemium and one-fourth grain of morphia, it is the best anodyne I ever used. But when combined with opium, or its preparations, it seems to lose its relaxing effect, and the opium its drastic or sickening effect. It is useful in many of the neuralgias. I have known many chronic cases cured, and many others materially benefitted by taking fifteen drops of the tincture in a little water three times daily, about midway between meals. My observation leads me to think it best not to give it just before or after eating.

It is claimed by some that it has parturient properties, but I think the idea originated from the fact that it is one of the best remedies in rigid os uteri. But then it should be followed by a full dose of ergot just as the head begins to press heavily upon the external organs of generation, which is not a bad practice at any time. I got into a bad scrape once by neglecting to give the ergot after giving the gelsemium. I came very near losing my patient from hemorrhage.

It is often used now hypodermically. I think that Dr. A. F. Carr, of Goffstown, N. H., was the first to use it in that way. He used the fluid extract in a case of epilepsy, produced from the long continued use of alcoholic stimulants.

I have used it (the tincture) in that way quite frequently for convulsions and neuralgia. I use it in ten or twelve drop doses, undiluted, for neuralgia. I inject it over, or as near as possible to, the seat of the pain. If the desired effect is not obtained, I repeat in thirty minutes. A few years ago I was driven to the necessity of using it in that way in a case of puerperal convulsions, though at that time I had never heard or read of its being used in that way. It acted like a charm. I have never given a dose of it that I ever regretted afterwards. My only regret is that I had not known and used it long before I did.

As to its antidotes, I know but little, never having seen any person poisoned by it, but from its action I think strychnia, or nuxvomica, or remedies of like action, would prove antidotal. I have had the friends of my patients sometimes to become alarmed because the patient complained of dimness of vision, and appeared so stupid, and to gratify them, I have given the patient a little alcoholic stimulant, or morphia, which very soon proved to their satisfaction.—*Med. Summary.*

Neuralgia.—Dr. Verneuil reports a case of obstinate neuralgia cured by hyoscyamin, after resection of all the ends of nerves and even amputation had failed to give relief.

A DOCTOR'S DIPLOMA BEFORE A JURY.

The late Alexander H. Stephens used to tell, with great gusto, the following story, in which he and Robert Toombs figured :

A doctor named Royston had sued Peter Bennett for his bill, long overdue, for attending the wife of the latter. Alexander H. Stephens was on the Bennett side, and Robert Toombs, then in the United States Senate, was for the doctor. The doctor proved the number of his visits, their value according to local custom, and his own authority to do medical practice. Mr. Stephens told his client that the doctor had made out his case, and there was nothing wherewith to rebut or offset the claim, and the only thing left to do was to pay it. "No," said Peter, "I hired you, to speak in my case, and now speak." Mr. Stephens told him there was nothing to say ; he had looked on to see that it was made out and it was. Peter was obdurate, and at last Mr. Stephens told Peter to make a speech himself, if he thought one could be made. "I will," said Peter, "if Bobby Toombs won't be too hard on me." Senator Toombs promised he would not, and Peter began.

"Gentlemen of the Jury, you and I is plain farmers, and if we don't stick together these ere lawyers and doctors will get the advantage of us. I ain't no lawyer or doctor, and I ain't no objections to them in their proper place, but they ain't farmers, gentlemen of the jury. Now this man, Royston, was no doctor, and I went for him to come and doctor my wife's sore leg, and he come and put some salve truck on to it, and some rags, but never done it a bit of good. Gentlemen of the jury, I don't believe he is a doctor, any way. There are doctors as is doctors, sure enough, but this man don't earn his money, and if you send for him, as Mrs. Sarah Atkinson did for a negro boy as was worth \$1,000, he just kills him and wants you to pay it."

"I don't," thundered the doctor

"Did you cure him?" asked Peter, with the slow accents of a judge with a black cap on. The doctor was silent, and Peter proceeded :

"As I was saying, gentlemen of the jury, we farmers, when we sell our cotton, has got to give vally for the money we ask, and doctors ain't none too good to be put to the same rule. And I don't believe this ere Sam. Royston is a doctor no how."

"Look at my diploma, if you think I am no doctor."

"His diploma!" exclaimed the orator, with great contempt. "His diploma! Gentlemen, that is a big word for printed sheepskin, and it don't make no doctor of the sheep as first wore it; nor does it of the man as now carries it; a good newspaper has more in it, and I pint out to ye that he ain't no doctor, at all."

The doctor was now in a fury, and screamed out :

"Ask my patients if I am not a doctor!"

"I asked my wife," retorted Peter. "She said she thought he was not."

"Ask my other patients," said the doctor.

This seemed to be the straw that broke the camel's back; for Peter replied with look and tone of unutterable sadness: "That

is a hard saying, gentlemen of the jury, and one that required me to die, or to have powers as I have heard tell ceased to be exercised since the Apostles. Does he expect me to bring the angel Gabriel down to toot his horn before his time, and cry aloud,—‘Awake, ye dead, and tell this court and jury your opinion of Sam Royston’s practice?’

“Am I to go to the lonely churchyard and rap on the silent tomb and say to um as is at last at rest from physic and doctor’s bills, ‘Get up here, you, and state if you died a natural death, or was you hurried up some by doctors?’ He says ask his patients, and gentlemen of the jury, *they are all dead!* Where is Mrs. Beasley’s man, Sam? Go ask the worm in the graveyard, where he lies. Mr. Peak’s woman, Sarah, was attended by him, and her funeral was appointed, and he, he, the doctor, had the corpse ready. Where is the likely Bill, as belonged to Mr. Mitchell? Now in glory, expressing his opinion of Royston’s doctoring. Where is that baby gal of Harry Stephens? She is where doctors cease to trouble and infants are at rest. Gentlemen, he has eaten chicken enough at my house to pay for this salve. I found the rags, and I don’t suppose he charges for making her worse, and even he don’t pretend to charge for curing her, and I am humbly thankful he never give her nothing for her inwards, as he did his other patients, for something made them all die mighty sudden.”

The applause was great. The doctor lost and Peter won.—*Presbyterian Observer.*

SYPHILIS FROM ACCIDENTAL CAUSES.

When we consider the numerous ways by which this terrible scourge may be communicated, it should not surprise us to find this enemy often in the midst of the most refined and chaste families, where we would not dare hint at the existence under ordinary circumstances. When we know that the tender infant may have its pure life-blood forever poisoned by the simple touch of an infected nurse; that this child so poisoned, may, with its saliva upon the delicate nipple of its mother, give her also the loathsome disease, and she may transmit to her future offspring the same disease; the thought becomes appalling from its bare possibilities.

Wherever there is the slightest abrasion of the skin, there is a door of entrance for this disease; and wherever the virus from an infected person can be presented, we have the means of propagating the evil.

Public drinking cups, privy seats, money, and the various articles handled by people promiscuously, furnish the media for conveying this disease from the infected to the healthy.

We cite a case in point: A year ago we were consulted by a young gentleman of splendid physique and perfect health, on account of a troublesome *fever blister* on the lower lip which refused to heal. The sore looked angry and leaden in color, was somewhat hardened at its base, and had generally an ugly appearance. I could not trace it to syphilis.

Under all of my efforts it gradually progressed, becoming worse and worse, finally causing the lip to become everted, thickened, and would bleed from time to time. We some how felt that it was syphilitic, but feared epithelioma. I had several eminent medical gentlemen to examine the patient and the universal diagnosis was epithelioma:

It was finally decided to operate, and the patient consenting, I accordingly, with the assistance of Drs. R. H. Cowan, O. A. Crenshaw, and Dr. S. P. Moore (late Surgeon-General C. S. A.) who fully concurred as to diagnosis and the necessity of the operation, excised the diseased mass. The patient suffered, just before and after the operation, with most intense rheumatic pains at night.

Three or four weeks after the operation the patient had some sore throat, and suddenly broke out with a *copper-colored* eruption, or rather, discoloration; there was some induration about the margin of the wound with a swelling of the submaxillary and sublingual glands.

Being very certain now that syphilis was at the bottom of all the trouble, I again questioned the young man about the possibility of his having drank after any one who might be the subject of constitutional trouble. He then, for the first time, recalled the fact that a week or two before his fever blister troubled him, he had been on a pleasure sail with three other companions in a small boat, and they had a small flask of spirits along, out of which they all drank, one after another, and he having charge of the helm of the boat generally got the last drink; upon further inquiry, I ascertained that the party who drank just before my patient was suffering from constitutional syphilis at the time.

I immediately prescribed bichloride of mercury and kept him upon it until he was a well man in every particular.

We would advise our professional brethren to look closely for syphilis in many stubborn cases of skin disease, sore throat, ulcers, rheumatism, and other affections of doubtful origin, however light the suspicion of syphilis may appear.—*Southern Clinic*.

ARNICA POISONING. DOSE—ONE OUNCE OF THE TINCTURE.

BY WM. A. THOM, JR., M. D., NORFOLK, VA.

On Friday, April 6th, I was called to see Luther Phillips, a negro laborer, aged 24 years, who four hours before had taken a fluid ounce of the tincture of arnica. I found him lying in a state of absolute insensibility, breathing eighteen times to the minute; not stertorous; pulse 100, full and strong; temperature normal; pupils slightly contracted, but not sufficiently so to attract attention without close examination. He was so thoroughly insensible that the application of the flame of a lamp failed to produce the slightest reflex action; the conjunctivæ were without sensation. I

was told that half an hour after taking the arnica he had been found lying as I found him ; there was no vomiting or purging. Remembering Dr. Bertin's case, published in the London Lancet of November 19th, 1864, in which collapse came on ten hours after the ingestion of the drug, I at once ordered drachm doses of brandy every fifteen minutes, with hot pediluvia every half hour. At six o'clock p. m., ten hours after taking the arnica, he began to show signs of returning sensibility, only manifested by reflex response to cutaneous irritation. At twelve at night he became wildly delirious, remaining in this state for several hours, after which he fell asleep, awakening on the morning of the second day with a dizziness and inability to walk straight ; great burning pain throughout the alimentary tract. During the day he had three very large watery evacuations, with profuse diuresis. On the third day he was quite well.

The chief interest of this case lies in the fact of its extreme rarity. In Bertin's case there were no symptoms until the collapse came on ten hours after taking the drug. In mine the effects were immediate, and there was never the slightest sign of collapse. In both, brandy and hot water were used with like good effects.—*Virginia Med. Monthly.*

CURIOUS ACCIDENT AT THE PARIS ELECTRICAL EXHIBITION.

The Scientific American quotes from a letter to the London Times, an account of an extraordinary occurrence at the great "Parisian Electric Exhibition." A gentleman was explaining a Brush Dynamo-Electric machine, when part of the conducting wire was not insulated and was lying on the floor. He touched the stand of a lamp which formed part of the conducting system. His body then formed a connection through the ground to the naked wire, and contracted his muscles so as to cause his hand to clinch the lamp. Ten lamps were in circuit at the time, and so much current was passed through him that eight of them were extinguished. He was powerless to unclasp his hand. Every muscle in his body was paralyzed. His face was distorted ; his lungs were so acted upon that he could scarcely breathe. He could only utter a faint and unnatural cry. The workmen in the place fled from the workshop, believing that some explosion was about to happen. A friend came up and tried to unlock his hand. It was impossible. He then lifted his legs from the ground. This broke the circuit and his hands were released, while burning sparks flew to his hands in the action of breaking the circuit. He was insensible, but has since then greatly recovered, and has devised an improvement to the lamp which will prevent a recurrence of such an accident.—*Pacific M. and S. Jour.*

ABSTRACTS AND GLEANINGS.

Country and City Doctors.—We extract the following from an article on this subject in the Medical and Surgical Reporter :

A "new physician," who had been trying city practice for something more than a year, was at last housed in nearly three months by illness. On meeting him one day afterwards, I asked what had been the matter? His answer was a volume compressed into an utterance of outraged feeling: "Nothing but bad bills! It was nothing but general exhaustion from running after bad bills—and mental worry—they wore me out with faithless promises."

Physicians in the country are sometimes prone to think that city doctors do not have to work hard for their money, and the former conclude to remove to the city for an easier field. Unfortunately these often find the field so easy that it becomes necessary to move back again. The writer has lived in his present location eleven years. During that time at least a score of doctors have located in the same neighborhood, tried it a few months or years, then moved away. Several of these were from the country, men of good practice there, but almost clientless here. In the course of a year or two several wisely returned to their old neighborhoods, where they were known, and doubtless where they were welcomed by appreciating friends—for nowhere does a man feel so lonely and helpless as in the wilderness of a great city of strangers. Because ten physicians succeed in making a living, with their offices near each other on a certain street, it is a grave mistake to expect that the prospect promises as much to twenty more because they put out their shingles. A few months ago I counted the signs of more than thirty doctors in the space of seven squares on this street and the immediate cross-streets. One has been removed by disease, one removed himself by suicide, six have sought fatter pastures elsewhere.

Physicians themselves are not always to blame for these mistakes of judgment, especially if they come from the country. Too often they are easy game in the agile hands of adroit real estate agents, who so well know how to praise up the prospects of any neighborhood where they may have a house to let or to sell. To illustrate: Some years ago a well-to-do physician from a large interior town thought he would like to move to this city; found a desirable up-town neighborhood where considerable building was in progress, and consulted a local real estate agent that had houses to rent. The astute agent soon furnished most satisfactory assurances of the wisdom of the doctor's project, and clinched his faith by citing the case of another doctor who had lately located in the same neighborhood, and "succeeded so well that in a year's time he was able to buy a \$7,000 house!" Of course, the willing-doctor rented a house, moved to the city; in six months discovered he had made an unprofitable venture; tried another part of the city for six months more, then moved back to his old home—a year and two thousand dollars out, besides business missed.

But does the city doctor have the easier life? No. One hundred dollars in the country will reach as far as three hundred to six hundred in large cities, according to location. With fees nearly the same among the general rank and file of the profession, it is self-evident that the city doctor must do extra work, must sustain extra wear and tare of body and mind to come out even. The perplexing uncertainties of a city establishment harass the lives of city physicians by day and by night. Hence, also, that so many city practitioners feel impelled to round out limited receipts by engaging every spare hour, needed for rest and recuperation, in the severe toils of authorship in some form. It is the pressure of current expenses rather than the pressure of overwork, that keeps so many pens busy turning out reports, reviews, essays, and books; and hence the publication of so much that is speculative, artificial, unreliable, and unsatisfying to the mass of practitioners. To practitioners in general in cities, professional experience is not so rich and varied as in country locations. The hospitals, infirmaries and dispensaries in cities, run by a select few to foster reputation in a specialty, or to open paths of introduction to general practice, monopolize the great harvest of cases by which beginners are usually enabled to gain prompt foothold and win distinguished success. In cities not the poor only, but many in entirely comfortable circumstances, become inmates of hospitals for treatment in cases of accidents, or special diseases, or they receive "out-door" treatment at their homes through dispensary ministrations; while in country locations all the surgery, obstetrics, eye and ear cases, skin and venereal complaints, and the general scope of medical observation and treatment come fully under the study of the local practitioners, thus immensely expanding their opportunities for securing broad and rich experience and early recognition of professional skill.

A physician's prosperity must be gauged at last not by what he is compelled to spend from year to year, but by what he is enabled to save above the current out-go. Ostentation is not wealth. The necessity for display is an exacting task-master.

As compared with large cities, the advantages of country locations afford the great mass of physicians much better and safer fields for experience and practice, for professional and social appreciation, for mental and moral expansion, for lucrative reward and substantial prosperity. Among his unpretentious, honorable peers, the honors of his attainments and office make the worthy physician in the country a head above men—a light to look up to in the community: in the rabble of great cities the physician is too often a head below men—a glimmering luminary lost in the jostle and confusion of lights.

"I don't see how all these doctors *live!*" remarked a moneyed business man to another, within my hearing, on a down-town street. During a few minutes' conference on the sidewalk between these lords of ample means, two physicians had jogged past in their peculiar calash-top vehicles, that here announce the professional calling.

"The half of them go with less than half a living," remarked

the one addressed, as they moved down street together.

Such derisive flings are not made against the respectable physician in country places, where the public know that he has an ample exchequer, and besides the income of a good practice, owns a good farm or grist mill, or several town properties, acquired by his frugal management of modest yearly profits. In the country such is the general possibility; in the city, the rarest of exceptions.

It was the testimony of a successful, prominent Philadelphia physician, on withdrawing from practice some years ago, that in an experience of a quarter of a century, as his income from practice gradually crept up from six hundred a year to three thousand dollars, the expenses of his advancement and social exactions kept even pace with his earnings, and left him nothing to lay by for future dependence.

And it need not be imagined by physicians in the country that eminent college professors acquire fortunes by practice: many of the greatest and the best have died insolvent. In the accessible calm and relaxation that physicians find in country locations without detriment to pocket and prospects, there is a luxury of comfort unknown to the profession amid the almost pauseless din and hurry of city life. *There* may he always find equivalent substitutes for money, when money there is none; but such is not the case in cities. *There* he may be greeted by refreshing landscape, expansion of scene, quiet for weariness, reflection and sociality; but not so in cities where all is contracted, walled-in, hustle and tussle, with no rest to eye or ear, or nervous system, or head or heart from year to year. Is it any wonder so many long to get away for even a little while to enjoy the restful peace of nature's quiet in God's country?

Strychnine.—Dr. J. A. McCorkle ("Pres. of the Med. Soc. of the County of Kings," Dec., 1882) calls attention to a fact often overlooked, namely, that stimulants like strychnine, used very long or in very large doses, ultimately have a depressing influence and exaggerate the conditions for which they were originally prescribed. The author suggests that physicians should be careful that their patients do not continue a tonic too long. Such medicines should be given in such doses as are calculated to raise the depressed functions to a normal standard; as soon as the physiological condition is approached, the dose of the tonic should be gradually diminished, and finally stopped altogether when health is restored. The too long continued administration of a tonic like strychnine depresses the nervous system just as over-stimulation of a nerve by electricity exhausts irritability. In the same way a bitter tonic may have relieved indigestion by stimulating the vascularity of the gastric mucous membrane; but the same tonic, given too long, may produce gastric catarrh, and bring on disturbances of digestion worse than those which had been originally relieved through its use.

Strychnine has been advocated as a respiratory stimulant by Fothergill; it is believed that, if used too long, it may depress res

piration and interfere with the oxidation of sugar in the lungs to such an extent that temporary glycosuria may result. In support of this, cases are on record where sugar has been observed in the urine of those who had been taking nux vomica for a considerable period. The author believes that strychnine, in combination with phosphoric acid, is the best respiratory stimulant we have, but that it may do great harm if continued too long. He also believes that it has decided curative powers in diabetes mellitus, but that this disease is still too little understood to permit of our using strychnine in the treatment of it; for we can not decide when we are doing good and when we are doing harm.—*N. Y. Medical Journal*.

Blood-Letting.—Dr. McCulloch in the Journal of the American Medical Association, writes :

Do not the present generation of physicians abuse their patients by their "anti-exhaustive treatment," and by their stimulating, brandy and milk course do more harm than ever the lance did? Why, thousands of patients at the present day, after a protracted illness, come out of the hands of the doctor confirmed inebriates, fit only for bar-room loafers.

Women in former days were bled for headache, backache, pains real or imaginary, and they grew fat, raised large families of healthy children, and lived to a ripe old age.

But in our day the hypodermic syringe has taken the place of the lance, and for their pains and aches they are chucked full of morphia daily. Sensibility deadened, nervous system unstrung; muscular system relaxed, and they become fit subjects of abortion or premature labor. Their children dwarfed and they die at a premature age.

Would it not be better if we would follow more the teachings of nature on this subject? Why, one-half of the human family, and the best half at that, by a fixed law of nature, which is God's law, lose from six to ten ounces of blood monthly, and continue to average so for 30 years, being bled not less than 360 to 400 times in their life, for what purpose? To carry off the surplus blood, like a safety valve, to relieve their congested organs.

And yet if a man has double pneumonia, lungs congested and pressed upon with a pressure of 100 pounds to the square inch, breathing 60 times to the minute, you are afraid to take a pint of blood from him for fear he dies from exhaustion, and you chuck him full of quinine, iron, brandy and milk to support him, and morphia to relieve his pain; and your man dies and you console yourself by the reflection that you gave him the best chance for his life by using the latest and best treatment approved by the profession.

I have, in a continuous practice of over 35 years, met with some cases of pneumonia, and I never had a case of primary inflammation of the lung in the adult but I bled freely in the congestive stage, and although I say it myself, it was very rarely that they did not recover rapidly after one or two decided venesections.

I had an attack myself, in the spring of 1858, of acute pneumo-

nia of the left lung. I was bled twice from the arm, cupped and blistered, and I made a speedy and good recovery. I can remember what a load was taken off my chest at the first bleeding; how the pain ceased; and how easily I breathed; and with a full dose of morphia how well I slept that night. In the last few years, since bleeding as a remedy has been abandoned, nearly all the cases I have seen have been in consultation with other physicians, and the great majority of them were very bad subjects, men who were broken down by strong drink. I saw them in the advanced stage, when the time for bleeding had gone by, if at all admissable in such subjects—seven in number. They all died promptly, full of morphine, quinine, iron, brandy and milk.

Dr. John L. Atlee, our retiring president, in his address to the members of the American Medical Association, at Cleveland, June 5th, last, said:

"I feel well assured that the almost total disuse of the lancet has cost many valuable lives. From a very large experience in its use I am satisfied, *fully satisfied*, that if we depended more on the early use of the lance, in the congestive and inflammatory states of many diseases, our practice would be made more successful than it now is. It is, in my opinion, a very important subject, and I feel assured that ere long the lancet will be more freely used than it is now."

When I heard these words fall from his venerable lips, an old veteran in the profession, brim full of knowledge and wisdom gathered from scientific research and an experience of 60 years of active practice in the profession, although not a Methodist, I could scarcely restrain myself from shouting, Amen!

Dr. Davis, of Chicago, says there was, during the year 1882, as per the census of 1880, one death in the city of Boston to every 532 of the population; 1 to every 579 in Chicago; 1 to every 441 in San Francisco; 1 to every 1,088 in New Orleans. He says sanitarians should investigate the cause, and suggest some means of checking this fearful mortality. Certainly this is good advice, and upon the principle that "an ounce of prevention is worth a pound of cure," it is well-timed. But I say to you, fellow-practitioners, clean up your old rusty lancet, and you that have none buy one; carry it with you to the bedside of the sick, and when you meet an enemy so formidable as eclampsia or pneumonia, stand in the advance guard strike with your lance one or two decisive blows in the onset of the conflict, and it will do more toward subduing the enemy than all the stimulating, nourishing treatment of the present day. "Quit yourselves like men."

[We endorse the above in toto.—SOUTHERN MEDICAL RECORD. W.]

Neuralgia.—Neuralgia of the eye is often speedily cured by full doses, 10 to 15 grains of the muriate of ammonia repeated at intervals of two to four hours. We have seen two desperate cases of this kind where the eye appeared as if attacked with the severest inflammation and the pain atrocious, yielded promptly to this remedy.—*Ga. Ec. Med. Journal.*

The Physiological Effect of Coffee.—Dr. J. A. Foot, of Rio-de-Janiero, (Bull. Gen. de Therap., June 30.) Dr. Foot gives us the effects of a strong dose of coffee upon his own person after recording his condition for fifteen days of total abstinence from coffee, and follows his record of the effects of the strong dose, by noting the influence of two cups of coffee daily for twenty-five days. The most interesting part of his paper is his record of the effects of the strong dose:

At the time of taking it, his pulse was 72 in the morning, reaching 84 during the day. He made an infusion of over $\frac{3}{4}$ viij of coffee in a quart of boiling water, drinking the whole of it during the day from 7 a. m. to 9 p. m. During that day the pulse increased in rapidity to 108 in the afternoon; in the evening it reached 114. He went to bed at 11 p. m., but could not sleep, reflex contractions were produced in nearly every part of the body alternately. Very painful cramps in the thighs, legs, feet, walls of the thorax and in the muscles of the hyoid region. These cramps persisted throughout the night, but moderated in severity on the following morning. The tongue was dry and there was a certain degree of constriction in the chest. At the same time there were frequent cramps in the stomach accompanied with nausea. The intestines were the seat of frequent borborygms, and of abundant liquid secretion which produced eighteen evacuations. The pulse kept between 110 and 112 through the night. It was intermittent, as was the heart's action, losing one pulsation to every four. The next day the pulse was 76, there was headache and no appetite.

In this experiment, then, the coffee acted on the organs and functions of the central cerebro-spinal system, producing insomnia by exciting the brain, producing the cramps in the muscles, pains in the stomach, disturbance of the intestines and of the heart by exciting the spinal cord, an excitation of the reflex force or excitomotor. He considers that this irritation affects equally the spinal roots of the sympathetic, and in paralyzing the vaso-motor nerves. In this way explanation is given of the cause of the excessive secretion from the intestine and of the abolition of sexual power.

His other experiments with moderate doses, prove to his satisfaction, that the use of coffee does not prevent advanced age and the preservation of good health; and that life seems to be prolonged in countries where coffee is much used.—*Four. Ame. Med. Association.*

Effect of Alum Gargle upon the Teeth.—M. Young prescribed a gargle containing a small proportion of alum for a woman suffering from chronic pharyngitis with catarrh of the middle ear. The patient, finding relief, continued its use for some three weeks. But perceiving that, at meals, her teeth began to crumble into little pieces, she consulted her dentist, who considered it due to the alum gargle. as when the enamel is removed from the teeth, the alum breaks down the dentine. To prevent this it is best, immediately after using an alum gargle, to wash the mouth out with a solution of bicarbonate of soda or an alkaline water.—*Courier Medical.*

Cannabis Indica ; A Valuable Remedy, in Hemorrhagia.

—In the British Medical Journal, May 26, 1883, Mr. J. Brown, of Bacup, observes :

"Indian hemp has been vaunted as an anodyne and hypnotic, having the good qualities of opium without its evils. Also in dysmenorrhœa and insomnia it has not proved of much benefit. The drug has almost invariably produced some marked physiological effect, even in small doses. Text-books give the dose as ten minims and upwards, but five minims is the largest dose that should be given at first. If bought from a good house, the drug is not inert or unreliable. A drug having such marked physiological action ought to have a specific use as a therapeutic agent. Indian hemp has such specific use in menorrhagia—there is no medicine which has given such good results ; for this reason, it ought to take the first place as a remedy in menorrhagia, then bromide of potassium and other drugs. The *modus operandi* I cannot explain, unless it be that it diverts a larger proportion of blood to the brain, and lessens the muscular force of the heart. A few doses are sufficient ; the following is the prescription :

"R Tincturæ cannabis indicæ..... m xxx,
 Pulveris tragac. co..... ʒ j,
 Spiritus chlof..... ʒ j,
 Aquæ ad..... ʒ ii.

One ounce every three hours.

"Four years ago I was called to see Mrs. W., aged 40, multipara. She had suffered from menorrhagia for several months. Her medical attendant had tried the ordinary remedies without success. Indian hemp was given as above. Its action was speedy and certain. Only one bottle was taken. She was afterwards treated for anæmia, due to loss of blood. Twelve months after this my patient sent for a bottle of the "green medicine." I learned afterwards that she had sent this medicine to a lady friend, who had been unsuccessfully treated by another medical man for several months for the same complaint. It proved equally successful. The failures are so few, that I venture to call it a specific in menorrhagia. The drug deserves a trial. It may occasionally fail ; this, however, is not to be wondered at in a complaint due to so many different causes, and associated with anæmia and other cases of plethora."

Robert Batho, M. D., M. R. C. P., Castleton, Isle of Man, writes in reference to the same subject: "Considerable experience of its employment in menorrhagia, more especially in India, has convinced me that it is, in that country at all events, one of the most reliable means at our disposal. I feel inclined to go further, and state that it is *par excellence*, the remedy for that condition, which, unfortunately, is very frequent in India.

"I have ordered it, not once, but repeatedly, in such cases, and always with satisfactory results. The form used has been the tincture, and the dose ten to twenty minims, repeated once or twice in the twenty-four hours. It is so certain in its power of controlling menorrhagia, that it is a valuable aid to diagnosis in cases

where it is uncertain whether an early abortion may or may not have occurred. Over the hemorrhage attending the latter condition, it appears to exercise but little force. I can recall one case in my practice in India, where my patient had lost profusely at each period for years, until the tincture was ordered; subsequently, by commencing its use, as a matter of routine, at the commencement of each flow, the amount was reduced to the ordinary limits, with corresponding benefit to the general health. Neither in this or in any other instance in which I prescribed the drug, were any disagreeable physiological effects observed.

"I could say a few words in its favor, as to its action in allaying irritative cough, but I prefer confining myself to a point on which experience has left me no room for doubt."—*West. Lancet*.

Paraldehyde and Acetal as Hypnotics.—At a recent meeting of the Berlin Society of Psychiatry and Nervous Diseases Dr. Langreuter ("Deutsche Medizinal-Zeitung," Aug. 23, 1883) gave his experience with these drugs during a period of eight months at a lunatic asylum.

The paraldehyde was employed in the form of the following mixture:

R	Paraldehyde.....	25.0 grammes,	
	Oil of peppermint.....	5 drops,	
	Olive oil, enough to make.....	50.0 grammes.	M.

The difficulty of dissolving the paraldehyde and its burning taste were noted as drawbacks to its employment. The usual dose was six grammes; 2,300 grammes were used in all. Beyond a slight and transitory irregularity of the pulse, no abnormal phenomena were observed; in quality, the pulse was always somewhat fuller. During sleep produced by the drug the breathing was deeper and slower; the pupils were not generally so much contracted as in physiological sleep, but dilatation was in but few instances. Sleep ensued in from five minutes to half an hour. In two cases the patients fell from the chair within a minute after taking the dose. The sense of sleepiness was readily interfered with, as the speaker had proved in his own person; quiet, therefore, favored the hypnotic effect, which took place after ninety per cent. of the evening doses, and after sixty-one per cent. of those given by day. In sixty-one per cent. a full night's sleep (seven or eight hours) was produced. A quieting influence was exerted even when sleep did not follow—most strikingly in excited paralytics and epileptics. In certain nervous affections, such as migraine, etc., the effect was favorable also.

The action of acetal was not so satisfactory, and only half as energetic, the medium dose required being from 8 to 10 grammes. Moreover, the taste and smell were found much more intense, and the effect was not so lasting. Nevertheless, excited patients became quieter, even if they did not fall asleep, contrary to what was observed after the use of chloral. In all 2,700 grammes were used. Out of one hundred and sixty-seven trials, seventy-five per cent. were successful. Six grammes of paraldehyde and ten

grammes of acetal were each found equal to 2.5 grammes of chloral in activity. Although both the new drugs were dearer than chloral, they were to be preferred in certain cases in which the latter was contraindicated, as in cardiac affections. The speaker did not recommend acetal.—*N. Y. Med. Rec.*

Treatment of Tonsillitis.—Dr. Solis Cohen gives the following treatment, which he says is pursued at the Philadelphia Polyclinic with eminent success :

1. In simple inflammatory tonsillitis, take two fluid drachms each of the ammon. tinct. of guaiac. and the co. tinct. of cinchona, mix with six fluid drachms of clarified honey and shake together until the sides of the vessel are well coated ; add gradually a solution of eighty grains of chlorate of potassium in four ounces of water, shaking meanwhile. This to be used as a gargle every one-half to three hours. Relief is usually experienced within a few hours, and recovery is prompt. A saline cathartic may accompany the use of the gargle. None of the cases seen suppurated, and if seen within the first twenty-four hours such accidents are very unlikely.

2. In rheumatic or constitutional tonsillitis (characterized by intense pain in swallowing causing great accumulation of saliva from unwillingness to swallow, with slight, perhaps no, congestion of throat, and subsequent fever; one or both tonsils becoming enlarged after some hours as the febrile symptoms decline, and muscular or joint rheumatism sometimes developing later,) after a saline cathartic, give the following in tablespoonful doses every two hours :

R	Sodi salicylat.....	3 ii,
	Ol. gaultheriæ.....	m i,
	Liq. ammon. citrat.....	} aa. 3 ij
	Syrup simp.....	

Lengthening the intervals as the pain subsides. Pieces of ice or the guaiac gargle promote comfort, and the stiff neck is best relieved by faradization. Salicylate of quinine or cinchonidine may be substituted for the above if a tonic be required, in five grain doses every four to six hours.—*Med. News.*

Treatment of Sporadic Cholera.—J. M. French, M. D., in New York Medical Record, says :

My note-book contains the analysis of twenty-five cases of cholera-morbus, occurring during the last three years, in which three different modes of treatment were employed. The cases were of various degrees of severity, some mild and some extremely severe, but all characterized by vomiting and purging, with more or less prostration.

The first plan of treatment consisted in the administration of pepsine, bismuth, alkalies, opiates, and stimulants, by the mouth, with which was frequently combined the application of sinapisms and hot fomentations externally.

The second plan was by means of the rectal injection of starch

and laudanum, thirty drops of laudanum being a medium dose ; and with this were combined any measures of the first class which might seem desirable.

The third plan consisted in the hypodermic injection of the sulphate of morphia, one-fourth of a grain being the ordinary dose. It was usually unaccompanied by any other treatment.

Conclusions.—The first plan of treatment is only adapted to mild and moderate cases, or those which have safely passed the acute stage, as in severe cases no medicine can be retained on the stomach. At best, this plan requires constant watching, and failures are frequent.

The second plan is much more effective, but is liable to need several repetitions on account of inability to retain the injection until absorbed. If not promptly successful patients are apt to lose faith in it, and often object to its repetition. Hence, it is not fully satisfactory.

The third plan is speedy, certain, satisfactory. Except in those cases where all opiates are dangerous, it is also perfectly safe if properly administered. Very seldom does it need repetition. If taken early, it is the only treatment needed. On the whole, I consider the hypodermic injection of morphia as nearly a specific for cholera-morbus as anything in medicine.

• **Cellulose as a Dressing.**—Dr. Fischer, of Trieste, has made experiments with cellulose as a dressing to wounds, and has found it, when moistened with warm water or some medicated solution, and afterwards covered with an impervious fabric, to be a most excellent application in all cases where heat and moisture appear to be indicated. Its chief advantages are :

1. It is absolutely free from substances capable of exciting putrefaction.
2. It has a very low specific gravity.
3. It produces neither eczema nor erythema upon the epidermis.
4. It retains moisture and heat perfectly for more than twenty-four hours.
5. It never adheres to granulating wounds on the surface of the skin.
6. It adapts itself perfectly to the outline of the place of application.
7. It is much cheaper than other materials heretofore used for similar purposes.

Dr. Fischer has used, so far, only plain water or weak solution of carbolic acid or iodoform in the case of suppurating buboes, and has obtained uniformly satisfactory results.—*Zeitsch. f. Therap.*

Commotio Retinæ ; or Some of the Effects of Direct and Indirect Blows to the Eye.—Dr. E. E. Holt, of Portland, Me., (Ophthalmological Society) read a paper in which he reported four cases. In two of these the patient was struck more or less directly by a stick of wood, in one by a round rod or cane, and in the other by a flat piece of coal, striking the forehead, nose and

cheek, not hitting the eye itself. In three cases recovery was uninterrupted. In one there was a relapse. Vision was reduced to a perception of light for four days, after which it began to return, and in the course of two weeks became nearly normal. Relapse then occurred and vision sank, but not so low as it had been after the receipt of the injury. Recovery with a perfect eye took place much more slowly than at first. Dr. Holt gave a detailed history of this case, and also of one of the others.

The President remarked that Dr. Holt had reported four cases manifestly dissimilar in character. From a thorough study of the affection referred to, he had become convinced that commotio retinæ was a phenomenon which had been entirely explained upon the supposition of a fissure running through the optic foramen of the orbit, and was almost entirely a mythical supposition by itself.

Dr. Seely thought the subject could not be dismissed so summarily as Dr. Noyes had supposed. He had reported one case which could not be explained away so readily, because a single application of electricity restored a vast amount of vision, and there was no explanation of the extreme lowering of the vision from which the patient suffered.—*N. Y. Med. Record.*

New Reasons for Woman's Nursing.—A new element has been discovered by M. Bechamp in woman's milk, hitherto unknown, which, in a striking manner, dissipates the obscurities of the empiricism on certain points of maternal nursing.

The following are the conclusions reached :

1. Woman's milk contains a ferment of a nature to saccharify raw or boiled starch.
2. The specificity of woman's milk is due to the presence of zymase, which makes it preferable to any other.
3. No equivalent can be found in the milk of cows, asses or dogs.
4. The milk of domestic animals may be taken, pure or mixed, in want of woman's milk, but it is never worth as much.
5. Infants should be breast-nursed in preference to all other kinds of feeding.
6. When infants have arrived at the age of taking feculent food, woman's milk may still be useful in aiding in transformation of starch into sugar.—*Paris Medicale.*

Action of a Mixture of Vapor of Chloroform and Air.—BY PAUL BURT.—Experiments made by him on dogs : 10 gm. of chloroform diluted in 100 lit. of air caused anæsthesia, but 20 gm. of chloroform diluted in 100 lit. of air caused death. With an especial apparatus he succeeded in proving the effect of a continuous inhalation for 16 hours, of such a mixture.

2 gm. chloroform in 100 lit. of air produced no noteworthy symptom.

4 gm. chloroform in 100 lit. could be inhaled for 9½ hours without any disturbance or lowering of sensibility, except the temperature, which diminished 4-50.

6-7-8 gm. chloroform in 100 lit. of air, effected an appreciable though very slow diminution of sensibility. temp. decreases, and with 30° the animal died.

10 gm. chloroform in 100-lit. of air, rapid anæsthesia, death 2 to 2½ hours. Temp. 33°.

14 gm. in 100 lit. of air, death in 1½ hour.

18 gm., death in 25 minutes.

20 gm. in 100 lit. of air, sudden death.

Temperature falls always in proportion to the duration of the experiment. The action continues to the last moment.

Not all animals are alike sensitive to the effect of chloroform. The following are his conclusions:

Continuous chloroform will always cause death. Animals weakened from a loss of blood succumb sooner.

In order to chloroform helplessly and harmlessly a dog, give at once a toxic dose (12-14 gm. chloroform in 100 lit. of air), but as soon as sleep ensues continue in much smaller doses. (3-6 in 100).

—*Gaz. des Hop.—St Louis Med. Jour.*

Iodine Painting in Small-Pox.—In 1881 there was admitted to the Konotop hospital a woman suffering from lumbar pain and other prodromal symptoms of small-pox. To satisfy the wish of the patient, Dr. Vetroff painted the whole lumbar region with the tincture of iodine. On the next day the painted region was found covered all over with a variolous rash, while the remaining surface of the body presented only two vesicles. The course of the disease was remarkably mild. Having learned this curious fact, Dr. Bojinski-Bojko (Vratch, No. 1, 1883), when the epidemic of small-pox broke out in his district, began to paint with iodine the anterior surfaces of the thighs in every patient who came under his notice in the prodromal stage of the disease. In all four cases treated in this way the rash was strictly limited to the region painted, and the course of the affection was extremely favorable. An attempt to substitute a sinapism for the iodine gave negative result.—*Med. Times.*

Arbor-Vitæ.—Spermatorrhœa is claimed to be finely under the control of this remedy (thuya ocoiden.) by Dr. Noble, in *Therapeutic Gazette*, who says he has used it in thirty cases, with but one failure. He uses the homeopathic mother tinct. in doses of 2 to 5 drops three times a day, in conjunction with proper diet, moral control of patient, and other needful accessories. He claims very flattering results to have been derived from this remedy, more than from any other used in the treatment of this affection.—*Ga. Ec. Med. Journal.*

In Urethral Stricture "I have," says M. Diday, "in order to avoid confounding it with a spasm and to overcome this if it exists, an infallible method. When the end of the sound is in contact with the coarctated portion of the canal, I suddenly put the following question to the patient: 'How long is it since you have been with a woman?' If it is a simple spasm the sound immediately enters."—*Lyon Medical.*

Pulse and Temperature in Typhoid Fever.—M. Malherbe, in a recent *These de Paris*, remarks that the frequency of the pulse in this disease is not always in proportion with the elevation of temperature. The temperature often becomes very high without a corresponding change in the pulse, and inversely, the pulse may become very much accelerated without any extra elevation of temperature. In any febrile affection where, with a high temperature, the pulse remains almost normal in frequency, typhoid fever should be thought of. The prognosis is not generally bad when the pulse remains at 80 or 90 beats per minute, even when the temperature amounts to 104° or 105° . But when the pulse is very frequent in conjunction with this high temperature, then the prognosis is grave. When, on the other hand, the temperature suddenly falls, while the pulse remains very frequent, the prognosis is equally grave.—*Med and Surg. Rep.*

Calomel in Diphtheria.—Dr. Charles S. Miller reports a case of diphtheria in which the breathing was very much embarrassed by the membrane. Calomel in ten-grain doses every hour, until twelve doses were given, was followed by prompt recovery, the membrane being thrown off and showing no tendency to re-form. Neither catharsis nor emesis followed these apparently heroic doses. The case seems strongly corroborative of the claims made by Dr. Reiter in a recent number of *Squibb's ephemeris*. Dr. Reiter, however, recommended the calomel in the same size doses before the membrane appeared, and to prevent its formation, having little or no faith in this treatment after the patch had formed. We should be very much pleased to receive any report on the use of calomel as above. Dr. Reiter's claims for the drug employed in this manner are too positive to be allowed to pass without subjecting it to a trial.—*Southern Clinic*.

THE discovery of the *plax-scindens* in oysters, and other shell fish, now that this microbe is known to cause scarlatina, awakens fresh interest in the professional mind. The learned and able Dr. Eklund, of Sweden, hints at the possible vaccinal protection against scarlet fever from the introduction of the *schizomycetes*, which he has found in oysters. It would appear strange if the oyster should supply us with a germ which shall as effectually protect us from scarlatina as that supplied by the cow protects us from the small-pox.—*Med. Times*.

Good Sight.—A noted Philadelphia laryngologist, who, on examining a girl with a relaxed uvula and mucous membrane of the throat, concluded that the cause of the difficulty was some uterine trouble, and for which he advised her to place herself under the care of her family physician. Her reply was: "Doctor, if I had known that you could see all the way down, I should not have come to you."—*Exchange*.

Acute Tonsillitis.—A German Physician cures acute tonsillitis by the administration of twenty-grain doses of salicylate of soda every four hours. In no case did suppuration ensue.

Enlarged Tonsils.—Dr. Sabin, in the Journal of the American Medical Association, says: I notice in the Journal an item in regard to the treatment of enlarged tonsils which put me in mind of a case which I had treated some time ago. I was called to see a little girl, about six years old, who had both tonsils enormously enlarged, so much so that she could hardly breathe, and was becoming pigeon-breasted.

My *modus operandi* was as follows: I took a stick of caustic potash, rolled it in paper, leaving one end bare, placed the bare end on about the middle of the tonsil, held it there about two seconds, withdrew it, waited about a minute, then had her rinse her mouth with vinegar. Repeated treatment twice per week until they reduced to normal size, being careful to apply it in the same place each time. I made, in all, twenty-three applications, treating but one tonsil at a sitting.

I treated her three years ago, and her tonsils have been all right since.

Cholera Infantum.—Dr. Walker thinks that Henoeh's treatment would be valueless in a vast majority of cases. He recommends in the place of it, the plan adopted by Profs. D. N. Kinsman and Pooley, of Columbus, Ohio. These gentlemen commend injections of ice-water, cold compresses to abdomen, and in addition to this Dr. Pooley advises the use of sub. nit. bismuth in the following doses: He takes enough bismuth to make a tolerable thick cream, using aqua dist. as the vehicle; of this he gives from one-half to one teaspoonful about every four hours, until choleric-form discharges cease.

Dr. Walker writes: "This plan of treatment, I believe, is destined to become the treatment par excellence in cases of cholera infantum."—*Ex.*

The Permanency of Eserine Solutions.—Dr. Wadsworth spoke of the loss of power in solutions of eserine. Recently he had found a solution which was three years old, and it still worked perfectly well.

Dr. Seely, of Cincinnati, said that for ordinary purposes he preferred an old solution of eserine to a fresh one.—*N. Y. Medical Record.*

Menorrhagia---Cannabis Indica.—Four drops of Squibb's fl. extract of cannabis indica, three or four times a day, is an almost certain cure for simple menorrhagia. Generally the preparation as found in the drug stores is too poor in quality to be relied on.—*Ga. Ec. Med. Journal.*

Effect of Pilocarpin upon Color of the Hair.—Dr. Pohlman (Buffalo Medical Journal) says: "I have succeeded in demonstrating the capability of pilocarpin to darken the color of the hair in the presence of pigmentary matter, perhaps by a stimulating action on its formation; but that the drug is unable to produce color where pigmentary matter is absent, as shown in the case of experiments upon Albino rabbits.

SCIENTIFIC ITEMS.

Limits of Germination.—Pasteur, in his investigations regarding fermenting germs and bacteria, demonstrated that a temperature of 212° Fahr. was sufficient to destroy the power of germination in these minute forms of animal and vegetable life; but with the higher orders of plant and animal life, a much lower heat than 212° will destroy all vitality. According to Goppert, 30° F. is the lowest temperature at which most seeds would germinate.

The following table by Sach shows the lowest, the highest and most favorable temperature for germination of wheat, corn and barley :

	Lowest Temp.	Highest Temp.	Temperature of Rapid Germination.
Wheat.....	41° F.	104° F.	84° F.
Corn.....	41°	104°	84°
Barley.....	48°	115°	98°

Experiments by the writer to verify the germinating point for wheat, revealed the fact that the temperature given is too low; as, in one instance, wheat that had been heated to 130° F. germinated. The grains were sprouted on cotton in the open air, and not in the laboratory by artificial heat; and the July sun and different wheat may explain this difference in results.

The time required for germination varies—with wheat, rye, corn and oats three to six days being sufficient.—*Mechanical News.*

First Idea of the Telephone.—The following lines, brought to the attention of M. de Parville, by Prof. Egger, are extracted from the book "Incredulite et Mescrance du Sortilege," by P. de l'Ancre, published at Paris, in 1662. De la Divination, 5 teme traite :

"It is reported that a German communicated to King Henry the Great an astonishing secret, through which men far apart might understand each other by means of the magnet. He first rubbed together (frotta) two magnetic needles, and then attached them separately to two clocks, about the dials of which were written the twenty-four letters of the alphabet. When one needle was moved to a letter of the alphabet the other, no matter how far away, moved to the same letter. The king perceiving how dangerous the secret might become in transmitting information to besieged cities, forbade its publication."—*Med. and Surg. Rep.*

Shortness of Time in Dreams.—One of the most remarkable phenomena connected with dreams is the shortness of time needed for their consummation. Lord Brougham says, that, in dictating, a man may frequently fall asleep after uttering a few words, and be awakened by the amanuensis repeating the last word to show he has written the whole. But, though five or six seconds only have elapsed between the delivery of the sentence and its transfer to paper, the sleeper may have passed through a dream extending through half a life-time. Lord Holland and Mr.

Babbage both confirm this theory. The one was listening to a friend reading aloud, and slept from the beginning of one sentence to the latter part of the sentence immediately succeeding; yet, during this time he had a dream, the particulars of which would have taken more than a quarter of an hour to write. Mr. Babbage dreamed a succession of events, and woke in time to hear the concluding words of a friend's answer to a question he had just put to him. One man was liable to a feeling of suffocation, accompanied by a dream of a skeleton grasping his throat, whenever he slept in a lying posture, and had an attendant to wake him the moment he sank down. But, though awakened the moment he began to sink, that time sufficed for a long struggle with the skeleton. Another man dreamed that he crossed the Atlantic, spent a fortnight in America, and fell overboard when embarking to return; yet his sleep had not lasted more than ten minutes.—*Pop. Sci. News.*

Blood Poison.—Wm. C. Conant in a paper read May 10th, 1883, before the Polytechnic Association of the American Institute, says:

"The most wonderful achievement of recent investigation reveals a philosophy of both bane and antidote that astonishes us with its simplicity as much as with its efficiency. At the moment when humanity stands aghast at the announcement that germs are not destroyed by disinfectants, comes the counter discovery that they are rendered harmless by oxygen. It seems that it makes no difference, really, of what sort or from what source are the bacteria that we take into the blood. The only material difference to us depends on the sort of atmosphere in which their hourly generations are bred. For example, the bacteria developed in confined air, from a simple infusion of hay, are found by experiment to be as capable of generating that most terrible of blood-poisoners, the malignant pustule, as are the bacteria taken from the pustule itself.

"On the other hand, the bacteria from the malignant pustule itself, after propagating for a few hours in pure and free air, become a perfectly harmless race, and are actually injected into the blood with impunity. The explanation of the strange discovery is this—note its extreme simplicity—bacteria bred in copious oxygen perish for want of it as soon as they enter the blood-vessels; whereas those inured to an unventilated atmosphere for a few generations, which means only a few hours, are prepared to thrive and propagate infinitely within our veins; and that is the whole mystery of blood-poisoning and zymotic diseases."

According to Electricite, spiders, which are very numerous in Japan, spin their webs during the night, between the telegraph wires and their supports. As the dews are very abundant, the webs become conductors of electricity and give rise to great disturbance in the transmission of messages.—*Ex.*

PRACTICAL NOTES AND FORMULÆ.

Eczema of the Face.—In their work on the diagnosis and treatment of ocular affections, Messrs. Galezowski and Daguenet recommend, against the eczematous and impetiginous eruptions which often show themselves on the lids and nose of young patients suffering from phlyctenular keratitis, either calomel in powder, or the following ointment :

Olei cadini.....	gr. iv,
Hydrarg. oxid. rubr.....	gr. ij,
Camphoræ.....	gr. iv,
Vaselini.....	gr. clx.

However, when there are many scabs, the best treatment consists in removing them with a forceps, and touching the denuded surface with a stick of nitrate of silver. The excess of caustic can be neutralized by the application of a solution of common salt.—*Louisville Med. News.*

Acute Rheumatism.—Dr. J. M. Granville advises no local applications except loose cotton-wool covered with light flannel ; no oil silk or other vapor proof material. He prescribes the following—

R Tr. aconiti (P. B.)	12 minims,
Ammonia sulphide.....	16 “
Aq. menth. virid. dist.....	6 ounces.

M. Sig. One-fourth part every four hours, or in severe cases every three hours.

The sulphide of ammonia decomposes very easily, and therefore no more than four doses should be prescribed at one time.—*British Med. Jour.*

Thompson's Eye Water.—

Sulphate of zinc.....	20 grains,
Sulphate of copper.....	5 grains,
Tincture of saffron.....	2 drachms,
Tincture of camphor.....	1 drachm,
Rose water.....	8 ounces,
Distilled water.....	8 ounces.

Mix and filter.

[It is difficult to understand the usefulness of such a mixture in any disease of the eye which could not be quite as well accomplished by a simple solution, of proper strength, of sulphate of zinc in distilled water.—*Ed. N. R.*]

Squibb's Cholera Remedy.—

Chloroform	fl. 3	6,
Tincture of opium	fl. 3	2,
Spirit of camphor	fl. 3	2,
Tincture of capsicum	fl. 3	2,
Alcohol, sufficient to make	fl. 3	10.

Dose, 40 to 60 drops, taken in water, each time bowels move loosely.

It is important in any case of diarrhœa, but is rarely appreciated except by physicians, that whenever there is too free action of the bowels, the patient should stop exercising and lie down—flat on the back—and stay there as quietly as possible. If there is pain, apply heat—dry heat is best.

In connection with the subject of cholera it has been said by Eli McClellan, Surgeon U. S. Army, one of the best authorities on the subject of cholera in this country, that the cholera poison requires an alkaline medium in which to develop. and that one of the best prophylactics is a mixture of aromatic sulphuric acid and laudanum; two parts of the former to one part of the latter. For an adult, thirty drops; for a child ten years old, ten drops; and for a child under ten, five drops, in a little water every one, two, or three hours, as occasion may require.—*New Remedies.*

Compound Parsley Mixture.—This is a nervous sedative and tonic, recommended by Hammond. Its composition is as follows :

MISTURA APII COMPOSITA.

R Extract erythroxyli fl.	f 3	2,
Extract viburni (prun.) fl.	f 3	2,
Extract apii (graveol.) fl.	f 3	1.

Misce. Dose, one to two teaspoonfuls three times a day.—*New Remedies.*

Syrup of Coffee, as used to disguise the bitter taste of quinine, can be made with coffee, roasted and finely ground, 4 oz.; alcohol, 1 oz.; sugar, 12 oz.; boiling water, sufficient. Pack the powder firmly into a percolator provided with a cover, and pour on boiling water until eight fluid ounces of percolate are obtained. Then dissolve the sugar [in the percolate] by percolation, and finally add the alcohol as a preservative. The taste of two grains of quinine is said to be pretty well covered by a drachm of the syrup.—*Ibid.*

Creasote Wine.—

Wood creasote	6 parts,
Compound tinct. of gentian	30 "
Alcohol	230 "
Sherry wine	710 "

Mix. Dose, a tablespoonful two or three times daily in a cupful of water.

Recommended in phthisis, to diminish cough, fever, expectoration, etc.—*Ibid.*

S. S. S.—This popular nostrum, which has been advertised *ad nauseam*, is said to be composed of the following ingredients—originally prepared by an old Indian Chief, Billy Bowlegs, of Florida: *Chionanthus* Virg., a bushel of the root; *Xanthoxylum frax.*, one pound; *Rhus glabra* (and black sumach), *R. typhirea*, *aa.* one-half pound; *Sarsaparilla* root, ten ounces. All boiled strong in eight gallons of water, then an ounce of cupri sulph. added, and given in doses of one ounce three times a day.

To Allay the Itching in Eczema.—A good local application, which is both protective and stimulant, is to cover the surface of the body with an ointment made as follows:

- R Zinci oxidi..... $\frac{3}{4}$ j
 Olei juniperi..... $\frac{3}{4}$ j
 Adipis..... $\frac{3}{4}$ i
 M. Sig. Use as an ointment.

Remedy for Earache.—In the Druggists' Circular for July, 1883, a correspondent says:

The remedy which I here offer has, after repeated trials, never failed to afford almost instant relief. It is perfectly simple, easy of application, costs but little, and can be procured at any drug store.

Here it is with accompanying directions:

- R Olive oil..... $\frac{3}{4}$ j
 Chloroform..... $\frac{3}{4}$ j

Mix and shake well together; then pour twenty-five or thirty drops into the ear and close it up with a piece of raw cotton to exclude the air and retain the mixture.

The remedy I can truly say is a specific in earache. It acts promptly and efficiently, and in my hands has never failed to effect a cure in a short space of time.—*Med. and Surg. Rep.*

Hydrated Oxide of Iron.—Dr. Squibb recommends the following as a simple method of preparing Hydrated Oxide of Iron, the antidote for arsenic, one of its chief advantages being that the ingredients are always easily obtained. Take of

- Tinct. Ferri Chloridi..... $\frac{3}{4}$ iv,
 Aquæ Font..... $\frac{3}{4}$ iv,
 Mix in a vessel of..... $\frac{3}{4}$ xij capacity,
 And add aqua ammon..... $\frac{3}{4}$ ij.

Shake well, pour it on a large wet muslin drainer, wring out the water and alcohol and wash with fresh water. The stomach having been evacuated by emetics while the antidote was being prepared, give f. $\frac{3}{4}$ iv at once, to be followed by an emetic. Then give $\frac{3}{4}$ ij every ten minutes.—*Pacific Med. and Surg. Journal.*

Whooping Cough Specific.—R. Acid nitrici dil, $\frac{3}{4}$ j; tr. cardamon co. $\frac{3}{4}$ iij; syrup simplicis $\frac{3}{4}$ iv; aque ad, $\frac{3}{4}$ iv. M. Take a dessert spoonful every four hours.—*Amer. Med. Jour.*

Flatulent Dyspepsia.—

- R. Potass. chlor..... $2\frac{1}{2}$ drachms,
 Sodæ bicarb..... $2\frac{1}{2}$ drachms,
 Rhei pulv..... $\frac{1}{2}$ drachm,
 Capsici pulv.....4 grains,
 Ol. sassafras.....2 drops.

M. Sig. Dissolve in half pint of water, and give tablespoonful immediately after each meal.—*Med. Brief, Dec.*

Intense Itching.—Sponge the parts once or twice a day with pure rectified spirits, containing five minims of carbolic acid to the ounce.—*Dr. James Startin, in the Lancet.*

Sir Benjamin Brodie's Prescription for Gout.—

- R Pil. hydrargyri,
 Ext. rhei,
 Ext. coloc. co.,
 Ext. colchici acet.....aa ʒ j,
grs. xv.

Ft. pil. xv. Sumantur tres horæ somni pro renata—*Louisville Medical News.*

Tetter of the Hands.—Dr. Crum (in Brief) says: "I would advise the use of either of the following ointments:

- 'R Chrysophanic acid..... $\frac{3}{4}$ j,
 Cosmoline..... $\frac{3}{4}$ j.

M. Sig. Apply to affected parts night and morning.'

- 'R Oxalic acid... $\frac{3}{4}$ j,
 Pure glycerine..... $\frac{3}{4}$ iij.

M. Sig. Apply night and morning."

Resorcin in Cholera Infantum.—In Breslau, ninety-one cases of cholera infantum were treated with resorcin in the dose of one-third to one-half grain in two ounces of infusion of chamomile. The success of this treatment was remarkable. How often the dose was given is not stated.—*Med. Times, Dec. 17.*

To Prevent Pitting in Smallpox.—A writer (in Southern Clinic) recommends, to prevent pitting in smallpox, the following:

Take of white lead (plumbum carbonicum), quantum lib., mix with linseed oil q s. to make a cream-like paste, add to the bulk about five to six per cent. carbolic acid, and apply with a large camel's-hair brush repeatedly, so as to keep the surface of the face, hands, etc., permanently and fully covered.

Urticaria.—Dr. Ashworth (in Medical Brief) recommends:

- "R Pure absolute alcohol..... $\frac{1}{2}$ drachm,
 Ol. tiglii.....1 drop.

M. Sig. Five to ten drops every three or four hours."



EDITORIALS AND MISCELLANEOUS.

NOTICE.—*Many of our subscribers have forgotten us in the matter of remitting their dues. Friends, please attend to this matter at once. We are obliged to have money to run the Journal. Our printers are Cash men.* W.

EDITORIAL NOTICES.

PARKE, DAVIS & Co., the great Drug house of Detroit, have a new and interesting advertisement in this issue.

SADDLE-BAGS.—See the new advertisement of A. A. Mellier, of St. Louis, in this number. His Saddle-bags can't be beat.

McKESSON & ROBBINS.—We ask attention to the new advertisement of the above excellent house, commencing in this number of our Journal.

FRANKLIN MILLS Co.—See the advertisement of Warren's Food Flour, containing the entire elements of the wheat. Let our friends test this article of flour, especially in dyspeptic cases.

W. S. MERRELL CHEMICAL Co.—Examine the advertisement of this large and popular house, Cincinnati, Ohio, successors to the late Wm. S. Merrell & Co, well and favorably known as Manufacturing Chemists in that city.

Cumming Clarion: The following placard is to be seen on the wall of a country store in this county:

PEPPERMINT ILE FOR

Hed ake,
Belle "
Toth "

THE TRANSACTIONS

Of the Medical Association of Georgia, thirty fourth annual session, has been kindly handed us by Dr. J. A. Gray, Secretary.

At no period since the organization of the Society, has the volume of Transactions been so promptly issued as in this instance.

The work is very neatly gotten up, and contains 275 octavo pages. There are 254 names on the roll of membership. The names of deceased members recorded since the organization number 162, being a little more than four members per annum.

The next, or thirty-fifth annual meeting of the Association will take place at Macon the third Wednesday in April, 1884.

The papers published in the volume are as follows.

President's Address—By K. P. Moore, M. D.

Report on Diseases of Women for the First Congressional District—By K. J. Nunn, M. D.

Cerebro-Spinal Meningitis—Report on the Practice of Medicine for the Seventh Congressional District—By W. B. Wells, M. D.

Report of Section on Surgery for the Seventh Congressional District—By J. C. Bivings, M. D.

Report on Gynecology for the Seventh Congressional District—A Plea for the Education of Females—By Charles F. Gordon, M. D.

- Climate—By A. Means, M. D., D.D., LL. D.
 Hyosciamin in the Treatment of Violent Mania—By T. O. Powell, M.D.
 Hotz's Operations for Entropion and Trichiasis, with fifteen cases—By A. G. Hobbs, M. D.
 Report of Surgical Cases - By Thos. R. Wright, M. D.
 Acute Inflammations of the Throat—By Charles W. Hickman, M. D.
 The Dry Treatment of Suppurative Inflammation of the Middle Ear—By A. W. Calhoun, M. D.
 Typhoid Fever—By L. G. Hardman, M. D.
 Dysentery—By J. W. Duncan, M. D.
 A Case of Circumcision—By B. R. Dostor, M. D.
 Precautionary Measures and Contra-Indications to the use of Pressure by the Tampon in Diseases of the Pelvic Organs—By V. H. Taliaferro, M. D.
 Taliaferro's Hard Rubber Intra-Uterine Steam Pessary, Retro-Displacement Pessary, Universal Pessary and Tracheloraphy—By G. H. Noble, M.D.
 The Carbolic Acid and Iodine Treatment of Typhoid Fever—By Howard J. Williams, M. D.
 Necrology—By Eugene Foster, M. D.
 George Franklin Cooper, M. D.—By Eugene Foster, M. D.
 William Morris Charters, M. D.—By Robert P. Myers, M. D.
 John D. Fish, A. M., M. D.—By R. J. Nunn, M. D.
 Dr. Robert C. Carroll,—By A. Sibley Campbell, M. D.
 The following are the officers elect for the present year :
 President—A. W. Calhoun, Atlanta.
 Vice-Presidents—R. J. Nunn, Savannah ; M. P. Deadwyler, Elberton.
 Secretary—James A. Gray, Atlanta.
 Treasurer—E. C. Goodrich, Augusta
 Orator—J. G. Hopkins, Thomasville.

BOARD OF CENSORS :

Members.	Elected.
W B. Wells, Red Clay.....	(1879.)
E. L. Connally, Atlanta.....	(1880.)
J. S. Todd, Atlanta.....	(1881.)
Eugene Foster, Augusta.....	(1882.)
A. W. Griggs, West Point.....	(1883.)

The Special Committees are as follows :
Committee on Inebriate Asylum.—J. P. Logan, J. B. Baird, A. W. Calhoun, W. A. Love, W. O'Daniel
Committee on Expert Testimony.—H. V. M. Miller, J. T. Johnson, J. S. Todd, J. B. Baird.
Committee on Anatomical Material.—H. V. M. Miller, T. S. Powell, Wm. Perrin Nicolson, W. S. Armstrong, DeSaussure Ford, J. B. Baird, G. G. Crawford, C. H. Hall, W. F. Westmoreland.

PRIZE ESSAYS FOR 1883-'84.

At the last meeting of the Medical Association of Georgia the Committee on Prize Essays was authorized to award a prize of fifty dollars to the best Essay on any subject connected with the practice of Medicine, Surgery, Obstetrics or Hygiene—provided one be found worthy of a prize.

Each Essay must be accompanied by a sealed packet, on which shall be written some motto or sentence, and within which shall be enclosed the author's name and residence. The same motto or sentence is to be written on the Essay to which the packet is attached.

Any clew by which the authorship of an Essay is made known to the Committee will debar such Essay from competition.

Competition for this prize is open to all regular physicians practicing in Georgia.

All Essays must be sent to Dr. Eugene Foster, Chairman of Committee on Prize Essays, 419 Broad street, Augusta, Georgia.

All Essays must be sent on or before March 10th, 1884.

In behalf of the Committee on Prize Essays,

EUGENE FOSTER, M. D., *Chairman.*

SOUTHERN MEDICAL COLLEGE, ATLANTA.

The above Institution opens with an increased class the present session, and encouraging prospects for the future.

The school is well officered and equipped in all departments. The clinical advantages are excellent, and there is a hospital connected with the Institution. Practical Anatomy is here most thoroughly taught, in which the students have every facility, including dissections, plates, models, stereopticon illustrations, etc., and also Chemistry, Physiology, Hygiene, Obstetrics, Surgery and the special departments of the Eye, Ear and Throat, Dermatology, Dentistry, etc.

The Institution well deserves the patronage and encouragement of the Profession everywhere.

PHARMACY IN AMERICA.

In respect to the beauty, variety and excellency of Pharmaceutical preparations, and the enterprise displayed by the large manufacturing chemists of this country, it is conceded that America is in advance of our transatlantic brethren.

At the late International Pharmaceutical Exhibition at Vienna, it is said that this fact was manifestly apparent.

A correspondent of the Monthly Magazine of Pharmacy thus writes of the display made by our enterprising and renowned countrymen, Messrs. Parke, Davis & Co., of Detroit:

"Since I have mentioned America, I should not forget to say that Messrs. Parke, Davis & Co., of Detroit, have an important exhibit here, in which we find represented almost all that the apothecary's art can do in America. In the absence of important exhibits by English and French houses, the Germans are evidently pleased at the extent and beauty of the American display. A great portion of it is devoted to newer American drugs, which are as yet very little known in Europe, and are classed as raw products from which the pure active principles have not yet been extracted."

"We are pleased to note that the same firm have been awarded the gold medal of the First Viennese International Pharmaceutical Exhibition, held at the Austrian capital from August 11th to 28th, inclusive."

DEATHS OF PHYSICIANS.

We will publish BRIEF notices of the deaths of medical men. We invite attention to the following note from Dr. Foster, Chairman of Committee on Necrology in the Medical Association of Georgia:

AUGUSTA, GA., August 23d, 1883.

DEAR DOCTOR:

If any member of our Association has died in your County since our last meeting, will you be so kind as to notify me at your earliest convenience.

Respectfully,

EUGENE FOSTER, M.D.,
Chairman Committee on Necrology.

PAMPHLETS RECEIVED.

Third Annual Report of the Astronomer in Charge of the Horological and Thermometric Bureaus in the Observatory of Yale College. 1882-1883. Presented to the Director of the Observatory, June 18, 1883, by Leonard Waldo. New Haven: Tuttle, Morehouse & Taylor, Printers. 1883.

Diagnosis of Ovarian Tumors. Lectures Delivered by Edw. Borck, A.M. M.D., Professor of Surgery, etc., etc.

The New York Post-Graduate Medical School. Announcement of the Second Year. Sessions of 1883 '84. Nos. 213-215 East 23d Street, New York City.

RECEIPTED.

1883—Drs. Robert M Savage, M E Demaret, W P Watson, to August; G W Earl, to August; G L Danders, to November; C F Yeager, T B Meacham, J R Burton, J W Mitchell, N P Shelly, J R Muse, L M Lovelace, '82; W Barton, '84; J W Burnett, '84; C H Chalkly, to July '84; Wm R Smith, '84; Thomas N Clement, '84; James Warren, '84; R C Norwood, 1884.

SPECIAL NOTICES.

DIABETES.—The attention of the profession is called to a new remedy for the successful treatment and permanent cure of Diabetes Mellitus, *GILLFORD'S SOLUTION*, an aqueous solution of a combination of Bromine and Arsenious Acid. This remedy has also proved very useful in a variety of nervous affections. Manufactured and sold by R. H. GILLFORD, M. D., Allegheny, Pennsylvania. In half-pint bottles, \$1.00 per bottle. Expressed on receipt of price. Sample free, except expressage.

Dr. R. M. KING, Professor of Physiology and Clinical Medicine, St. Louis College of Physicians and Surgeons, says: "I have used *IODIA* in my practice, and so far it has satisfied my expectations. I regard it as an efficient alternative and a very valuable remedy in syphilitic and strumous affections. I therefore cheerfully commend the preparation, and ask for it a fair trial at the hands of the profession.

Dr. MCARTHUR'S Compound Syrup of Hypophosphites is receiving the highest commendation of prominent physicians who have used it with success when other preparations have failed. The care with which it is prepared and the purity of the ingredients doubtless contribute to this result.

Very Handy.—A full set of Ahl's Splints, containing a splint adapted to every fracture in the body can be bought at A. L. HERNSTEIN'S Surgical Instrument Depot in Atlanta at reduced rates, (\$25). Address, A. L. HERNSTEIN, Atlanta, Ga.

Surgical Instruments.—A branch house of the New York establishment of A. L. HERNSTEIN, has been established in Atlanta, and will constitute a convenient depot whereat anything in the Surgical line can be bought or manufactured. The Profession throughout the South should note this as an important indication of Southern progress, and should show their appreciation of the same by giving this establishment their encouragement and patronage.

McKESSON & ROBBINS.—This great Drug Establishment of New York, has a wide and long established reputation as reliable and eminently successful business men. Their various preparations are of acknowledged excellence and purity, and are unexcelled for the neatness, taste and beauty with which they are presented to the trade. See their advertisement opposite 1st page of reading matter in this Journal.

More of **ELLIOTT'S SADDLE BAGS** are sold than all other patterns combined. One thousand have been shipped to different parts of the country since January 1st. The proprietor invites a thorough investigation and comparison of every Bag in the market. The U. S. Government did this in 1879, and adopted the ELLIOTT. Doctors that do the same thing get the standard article. Send for circular to A. A. MELLIER, 709 Washington Avenue, St. Louis, Mo.

PEARCE, DAVIS & CO.—This magnificent Drug establishment, located at Detroit, Mich., have, by unremitting perseverance and faithfulness in all their business interests, obtained the confidence and good will of the medical profession throughout the entire country. They have accomplished much for the progress of Medical Science and largely benefitted mankind by the introduction of new and important Drugs. They are entitled to the thanks of the Profession, and justly deserve the high reputation to which they have attained.

Wm. R. Warner & Co.—This splendid Drug House, so widely and favorably known, both to the home and foreign trade, continue to maintain their high position. Their preparations are regarded by the profession everywhere as unsurpassed for purity and elegance. In respect to their quinine pills, so deservedly popular, the following certificate has been published:

PHILADELPHIA, PENN., December 22, 1882.

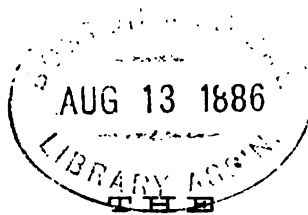
An analysis of seven samples of Quinine Pills, obtained without knowledge of the manufacturers, was made and published in the American Journal of Pharmacy by me, and those made by William R. Warner & Co., were found to be correct as to quantity and purity of Quinine.

HENRY TRIMBLE, *Analytical Chemist.*

PATTERSONVILLE, LA., June 6th, 1883.

CELERINA.—Your sample of CELERINA and PINUS CANADENSIS received. I have used the Pinus Canadensis in several cases of diarrhoea and dysentery—one intractable case of dysentery, which bid defiance to other remedies, quickly yielded to this potent drug. I am satisfied it is the best remedy ever before put into the hands of the medical profession to be used in all diseases requiring a sure and powerful mucous astringent. I have ordered a supply from L. L. LYONS, New Orleans; if they do not keep it, will order directly from you. The Celerina is, I have no doubt, all you claim for it, but your Pinus Canadensis cannot be extolled too highly.

F. W. TARLETON, M. D.



Southern Medical Record:

EDITORS:

T. S. POWELL, M.D. W. T. GOLDSMITH, M.D. R. C. WORD, M.D.

R. C. WORD, M.D., Managing Editor.

All Communications and Letters on Business connected with the Record must be addressed to the Managing Editor.

VOL. XIII. ATLANTA, GA., NOVEMBER 20, 1883. No. 11

ORIGINAL AND SELECTED ARTICLES.

DIPHTHERIA.

BY CHARLES J. BURROUGHS, M.D., OF GEORGIA.

The subject under consideration is one upon which much has been written, but as each year we see more of it in our practice, we cannot be too familiar with all that pertains to it.

It has existed under many names, but that by which it is now recognized is a synonym of *diphtherite*, a word coined by Bretonneau from the Greek *diphthera*, a skin or parchment, and *itis*, implying inflammation.

It has been thought by some that its early history dates beyond the days of Hippocrates, but by others it is doubted if observations then referred really to diphtheria. The "Syriac Ulcer" mentioned by Aretans is considered as having more resemblance to this disease than any other of antiquity.

It was not until the 16th century that we find diphtheria fully recognized, and we are indebted to a French physician named Baillou for an accurate description of it. Other physicians, such as Tilla Real, Fontecha, Herrera, Cortesius, Alaymus, Ghesi and John Fothergill, have written on diseases, nearly all of which can be credited to diphtheria.

In the year 1789 Dr. Samuel Bard, of Philadelphia, published a

very interesting history of "An uncommon, and highly dangerous Distemper," which had recently proved fatal to many children in New York. Dr. Abercrombie wrote an accurate description of this affection in 1828. It prevailed as an epidemic in Edinburgh in 1826, and in Paris in 1853. We find it stated in one of our textbooks that no deaths from diphtheria are reported as occurring in Philadelphia prior to 1860, but many cases are known to have been reported under the head of croup.

It is now, however, a disease we are often called upon to combat. It attacks the high and low, rich and poor, and whilst we most frequently find it among children, it is not uncommon among adults.

We see no partiality to any particular sex. To the seasons, it seems more to favor the fall and winter, more especially the former, judging from our experience, but we have met with it even in the heat of summer—having attended two cases since commencing this article, (July).

Cause.—Although the disease often arises in connection with bad drainage, foul habits and impure water supply, we have seen it originate where we could not trace it to any of these causes especially. There is no doubt that too little attention is paid to proper rules of hygiene. If this were done there would be less liability to disease, but even where extra caution has been observed, by some means or other this disease has obtained a foothold.

It is remarkable how long the germs may remain dormant and then develop under certain conditions. Instances are recorded where the virus has remained latent for months, and in one case for three years, and then became active.

Is the disease contagious?—As such it is considered by many of our best clinical observers, but the experience of others do not sustain their views. It is well, however, for the physician to act upon the affirmative side of this question when called upon to treat the disease. We have always endeavored to quarantine our patients, keeping other members of the family, particularly the younger children, whom we consider more susceptible to the poison, away from them; but we have often found our commands disregarded—the well children mingling with the sick—and have seldom seen any evil result from it.

We may here state, in connection with this subject, that some remarkable cases of family susceptibility have been reported—one of which, a poor woman with three children of her own, had two others under her care. Her own children had the disease, one of whom died. The other children were not affected, though allowed

to be constantly in the same room with the little patients. We have had a family under our care in which there were three cases in 1880. About eighteen months afterwards they were again visited by the disease, and five of the children were taken sick—one of whom was among those who had been previously attacked. Though in a part of the country that was thickly settled, there were no other cases in the immediate vicinity.

Symptoms.—When called to a case of diphtheria, in its incipency, we find the neck swollen, with the parotid, submaxillary and lymphatic glands enlarged and tender. There is fever, the thermometer running as high sometimes as 103° . Upon examining the throat we discover the viscid white, or yellowish-white secretion, generally on one tonsil, which in a day or two extends to the other and then over the soft palate and pharynx. As the exudation extends the temperature in most cases subsides, though it may rise higher. The trachea and larynx are liable now to become diseased, thereby seriously affecting the life of the patient. The nasal passages may show the exudation—also any abrasions on the body. It is sometimes seen on the nipples of suckling women.

There is necessarily great pain and difficulty in deglutition, which is increased as the disease advances, the suffering of the patient at times being intense. Debility soon begins to be evident, the pulse becoming slow and weak, and the blood-poisoning each day becoming more and more manifest until death finally ends the struggle.

We have omitted, thus far, to speak of paralysis, cardiac thrombus and albuminuria, all of which a patient with diphtheria is liable to contend with. Albuminuria may appear at any time within the first few days, but has been delayed for two or three weeks. The paralysis and heart-clot are generally found at or near the termination of the case. Too often has it occurred that when to the fond parents of a beloved child over whom they had watched day and night, and to the physician who, like the helmsman, had carefully steered his frail bark through a long and perilous voyage, in which he knew not at what moment a storm might arise which he was illy able to contend against; but now, the voyage being almost ended, all could hope that their troubles were over, and anxiety no longer was visible on every countenance, one of these symptoms had presented itself. From paralysis we do not consider our patient free under two or three weeks, or even a month. We have discharged cases, their convalescence apparently complete, and have been called to them or have them returned to us with marked paralysis. We remember an interesting case of a

boy whom we had attended and discharged, and some little while afterwards had him brought to our office with the statement that upon returning to school he had found it impossible to read, as the letters were all "jumbled up." He recovered in a short time upon treatment.

We have made no mention, thus far, of the croupous form of diphtheria, which Bartholow, in his able work says, "may begin as the ordinary catarrhal variety, and continue so without any indications of a departure from the usual course until the fourth or fifth day when it takes on a new character by its sudden development of high fever, increased tumefaction of the glands," etc. We have met with some of these cases, and their incipency seem to be identical with the above description. The patient, for four or five days, would have the croupal cough, which increased and tightened as night came on, to be relieved by treatment until the following night when it would give symptoms of a repetition of the sufferings of the previous night.

In the treatment of this disease, we lay no claim to any originality, and will content ourselves by merely giving the formulæ we have generally found most advantageous to us. The following prescriptions we obtained some years ago from one of our journals, and deeming them good invariably use them—

- No. 1.—R. Tinct. ferri chloridi..... ʒ i-iss,
 Glycerinum..... }
 Aqua pura..... } aa. ʒ i.
- No. 2.—R. Potassæ chloras..... ʒ ss-i.,
 Glycerinum..... ʒ ss,
 Aqua calcis..... ʒ iiss..
- No. 3.—R. Acidum carbolicum..... gtt. xv,
 Aqua calcis..... ʒ vi.

Directions.—Give one teaspoonful of No. 1 and No. 2, alternating every half hour, except at night, when allow to sleep one or two hours. Spray the throat with No. 3 for several minutes at a time whenever the above mixtures are given.

N. B.—Open the mouth wide. When the child is too young for this, omit it. When the nose is affected, syringe it out with warm or tepid salt water three or four times a day. Do not apply any brush or swab to the throat. Sometimes throw a teaspoonful of No. 1, with a syringe, directly against the affected surface of the throat. Give a plenty of cold milk, and give frequently; add lime-water occasionally; also give beef tea. This would be our general treatment, save that we watch our thermometer very closely,

and if there is any fluctuation in it put in quinine *pro re nata*. If we are called early when there is much fever, we find the following prescription produce a most desirable effect—

R. Tinct. gelsemium.....	} aa. gtt. xvi.
Tinct. aconite rad.....	
Spiritus ætheris nitrosi.....	3 ss,
Aqua pura.....	3 ii.

Of this we give a teaspoonful every half hour or hour, according to the age of the child, until we find the temperature is on the decline. We give quinine three times a day for its tonic effect, and nourish as best we can with egg-nogg, milk-punch, chicken soup, etc. A warm flax-seed meal poultice we direct to be applied to the throat during the day and at night if the patient's sufferings are such as to prevent his sleeping. Should he rest well at night we remove the poultice and apply a thick and wide flannel collar fitting tightly. We find that sponging the body with equal parts of alcohol and tepid water two or three times a day tends greatly toward strengthening our patients.

During convalescence it is our custom to put our patients on the following :

R. Chlo. potassa.....	3 i,
Tinct. fer. chlo.....	3 ii,
Glycerine.....	3 i,
Aqua.....	3 vi.

M. Sig. Dose: one teaspoonful.

We give it for the first few days every three or four hours, afterwards three times a day, and keep it up for some time, say two or three weeks, as the blood-poisoning leaves an anæmia, from which recovery is slow, and we deem that this will tend greatly toward warding off paralysis, which may make its appearance during this time.

We are constrained to differ with our professional brethren who advocate so strongly a mercurial cathartic in the commencement of this disease. We do not consider a "scavenger," viz : calomel, jalap and scammony, as a necessary adjuvant. Our experience as far as producing satisfactory results, has been very different from those who found that "the course of the disease was certainly cut short" by these means. We attended a case of a child some time ago to whom ten grains of calomel had been given previous to our arrival. The *course of the disease was certainly cut short*, but not as we would have desired, as the patient died. We are willing to admit that the bowels must do their duty in eliminating the

poison from the system, and we make use of them for this purpose, but we consider a mild cathartic occasionally given is sufficient. We try to give as little medicine of a debilitating nature, as possible, through the whole course of the disease, but strive rather to keep up the strength of our patients, and by using such treatment as we have given, we believe we have met with as favorable results as could be obtained from any other course.

INFANT FEEDING.

[Translated from the French, by Dr. E. Van Goldtsnoven, for the Southern Medical Record.—*Le Journal Medical, Paris.*]

Professor Parrot, in a series of lectures on "Infant Feeding," dwells *a priori* on a few points very little known in the anatomy and physiology of the digestive tube of that age.

In the study of the buccal cavity he demonstrates the importance and utility which should be ascribed to the fatty gland of Bichat. This gland constitutes an oblique mass, slightly stretched at its extremities, situated at the junction of the anterior two-thirds with the posterior third of the buccal parietes. It is easily distinguished from the surrounding fatty tissue. Its size, after having increased up to the second or third year, gradually diminishes, and even changes in position. When under some pathological influence the child becomes emaciated, the gland loses its consistency and tends to resume its embryonic condition; hence a notable perturbation in the act of suction. Professor Parrot believes that Bichat's gland plays an important role in this act, and that its existence and formation can be accounted for in the following manner:

As soon as the child begins to suck a vacuum is made within the buccal cavity which the internal walls of the cheek tend to fill. It is precisely above the alveolar arcades at the point where this tendency is effected, that Bichat's fatty gland can be found, the function of which evidently consists in facilitating the act of sucking by filling the vacuum which is formed at that moment. It may be admitted that in this instance the function is parent to the organ, and that repetition of functional activity necessitates this particular organic determination; and that, should this function suspend its action for several thousands of years, this fatty gland would ultimately disappear, as now seems to be the tendency with the wisdom tooth, especially in the upper classes. At all events, it appears certain that when this organ has become atrophied under the influence of great emaciation, the act of sucking is rendered extremely difficult thereby.

The normal situation of the stomach in a child is very interesting to consider with respect to its functions. Whilst in man its axis is almost horizontal, it is nearly vertical in the infant, which is due to the organ not being yet fully developed. Hence, if the child be held vertically the food accumulates within the greater curvature; yet, it passes easily through the pylorus. If the child be held lying on its left side, this situation is particularly favorable for stomachal digestion, for the food is thereby retained longer in the viscus before reaching the pylorus. If, on the contrary, the child be held on his right side, the food passes almost instantly into the intestines.

Dorsal recumbence, with head slightly backwards, is very favorable to regurgitation, and this position more than any other is likely to produce asphyxia through the introduction of food in the trachea, so that with children who are subject to regurgitation, it should be deemed imperative to hold them for some time after being breast or bottle fed, in a vertical position, in order to allow the food to pass rapidly into the intestines.

With regard to the gastric juice secreted by the mucous membrane of the stomach, it has been ascertained that it contains pepsin already in the third or fourth month of intra-uterine life. In this instance it should be remembered that meconism is a product of digestion. But with the new-born the effects of gastric juice present a particularity very different from what takes place in the adult. As the infant continues to suck, even to its very last moments of existence, it follows that the gastric juice keeps on secreting; and as its peptonizing action is not exhausted even by death, it acts upon the parietes which are found softened much more frequently than in the adult. Thus when alimentary substances have found their way into the bronchial passages the lungs have been found entirely digested within a few hours following death.

[TO BE CONTINUED.]

TONSILLITIS AND ITS TREATMENT.

BY L. B. DAWLEY, M. D., OF N. Y.

Without going into the minutiae or the symptomatology of the very common disease called quinsy, which every medical man in active practice is called upon to treat, I beg leave to give my experience:

An attack of tonsillitis is usually ushered in with a feeling of malaise, headache, pains in the limbs, and a sense of chilliness, or

by a rigor. There is a sense of uneasiness in the throat, the patient complaining of soreness there, with lancinating pains extending toward the ears; and at or behind the angle of the jaws very much tenderness and stiffness exist, so that the patient may be unable to open the mouth wide enough for an examination to be made. The expression of the face is one of much suffering and anxiety. The tonsils are much swollen, and fluids regurgitate through the nose on attempting to swallow. The mouth is usually filled with a yellow, tenacious mucous saliva; and this may assume the form of a membrane, which I have removed, in some cases, in large masses, with my dressing forceps. The patient rarely assumes the recumbent position, owing to the great sense of suffocation.

Secretions are arrested, pulse increased, elevation of temperature, the voice assuming a nasal-twang, and in very bad cases there will be loss of voice, which very much frightens the patient and friends. There is usually much prostration, and this is due to the inability of the patient to take and digest nourishment.

I think if the cases are seen early, that they may terminate in resolution, avoiding abscesses and suppuration. All of my cases, and some of them of the worst form, have terminated in this way.

CASE I.—Maud E., aged 20 years, small in stature, of general good health, was taken with usual symptoms of quinsy, July 11, 1882. She called in a homœopathist of many years' practice and quite noted in throat troubles. Prescribed his usual high dilutions and inhalations of hot steam. Case grew worse under his treatment, till the family concluded to change. They called me in July 18th. I found the patient bolstered up in a large chair with a teapot in her lap and a mush poultice on her throat. Patient said she had not slept a minute, nor spoke a word, nor eaten a mouthful, in a week. (Informed me by writing on a slate.) I opened her mouth with tongue spatula, and with dressing forceps removed much yellow, tenacious mucus from fauces. Gave—

R Tr. aconite..... gtt. x,
Tr. phytolacca..... 3 j,
Water..... 3 iv.

Dose, teaspoonful half an hour apart.

Applied to tonsils with camel's hair brush, every hour, tincture of veratrum and tincture muriate of iron, aa. 3 ij. Patient began spitting freely. I applied tincture veratrum (strong) to the outside of the throat by wetting a cloth and keeping it in contact with the neck. Saw patient next day, and found her able to take nourishment in liquid form. Continued treatment, and discharged my patient the third day.

The above case came to me some time afterward with symptoms pointing to the same disease. I duplicated the treatment, and the patient had no further trouble.

CASE II.—Mrs. D., aged 35 years, strong, healthy constitution. I was called to see her October 2d, 1882. She said she was sub-

ject to quinsy attacks, and always had her throat lanced, or was confined to the house for ten days at a time :

R Aconite..... gtt. x,
Phytolacca..... $\bar{3}$ ij,
Water..... $\bar{3}$ iv.

M. S. A teaspoonful every half hour.

Local application of veratrum..... $\bar{3}$ j,
Tinc. muriat of iron..... $\bar{3}$ j.
Water..... $\bar{3}$ ij.

M. S. Use in throat with atomizer once every hour. Case terminated in resolution.

CASE III.—Chas. M., aged 28 years, large, strong, and in the best of health, with the exception of occasional attacks of quinsy. He came to my office February 18th, 1883, and with the nasal twang which plainly spoke for itself; said he had been the rounds of the doctors, and could get no relief. He concluded to see what I could do. I prescribed—

R Aconite..... gtt. x,
Phytolacca..... $\bar{3}$ j,
Veratrum..... gtt xx,
Water..... $\bar{3}$ iv.

M. S. A teaspoonful every hour.

Had a cloth wet in spirits of turpentine and applied to the throat. Saw him a week afterwards, when he met me and said : "Doctor, you did what no other doctor ever accomplished." Said he went to bed after using my medicine, and slept all night, and next day could take food in liquid form. No suppuration.

CASE IV.—Miss C., aged 18 years, presented herself at my office May 9th, 1883, and had the same story to tell of what she had heard of my success in curing quinsy. She was just coming down with the disease. I prescribed as follows :

R Aconite..... gtt. x,
Phytolacca..... $\bar{3}$ j,
Veratrum..... gtt. xx,
Water..... $\bar{3}$ iv.

M. S. A teaspoonful every hour.

Applied spirits of turpentine to the throat as in previous case. Patient came back in a week, and said that she was quite well. Suppuration had always occurred on previous attacks.

I could go on and multiply cases, but I think this is sufficient. My success with phytolacca in glandular diseases has been quite extended. In the treatment of chronic tonsillitis I rely solely upon phytolacca and tonics.—*Eclectic Med. Jour.*

QUINIUM SALTS.

BY R. ROTHER, M. D.

The quinium salts found in the general market, excepting the sulphate, are very much less in demand than this great staple salt, probably because it appeared earliest in the field and so became the dominant form. Had the chloride, instead of the sulphate, been first presented its introduction would have followed as a matter of course. It is, indeed, to be regretted that this was not the case, since the chloride has more specially valuable qualities than are possessed by any other quinic salt. Containing a greater percentage of quinine it is at the same time more soluble in either alcohol or water than any other normal quinium salt; and, although far more soluble than the normal sulphate, it is much less bitter and less persistently bitter than this. Another advantage is that owing to its greater solubility all other less soluble salts of quinine can be prepared from it by double decomposition. Whilst being the staple form it could also be the cheapest salt of the market, and hence all other varieties prepared from it would be correspondingly less costly than now.

For preparing the various quinium salts from the sulphate, two methods are in use: One consists in precipitating the base from the acid sulphate by means of caustic alkali, and dissolving it in the acid of which the salt is desired. By the other method either the normal or the acid sulphate is decomposed by the barium salt of the acid whose quinium compound is to be obtained. In certain cases other processes or modifications of the foregoing may be employed with advantage.

The first general method is rarely desirable, and the use of the barium salts although frequently directed is not often resorted to, the corresponding calcium salt with alcohol being employed in most cases with superior effect. By one method strong alcohol is employed and the entire precipitation of the by-product is aimed at. In the second, only sufficient alcohol is added after the completion of the reaction to effect the solution of the generated quinium salt in the least volume of aqueous menstruum.

Of several processes for producing quinium chloride the best is afforded by taking advantage of its almost total insolubility in a saturated solution of sodium chloride. When any convenient amount of quinium sulphate is mixed with a hot filtered saturated solution of sodium chloride, the quinium chloride is precipitated as a crystalline magma which rapidly agglutinates, and, on cooling, forms a compact friable mass. The liquid is poured away from the residue, which is washed from the sodium sulphate generated by heating several more times with sodium chloride solution. The quinium chloride may be crystallized from hot water in the usual manner.

Quinium hypophosphite is usually made by dissolving the free base in hypophosphorus acid and crystallizing. The best result is obtained by dissolving 170 parts of calcium hypophosphite in 15,-

ooo parts of water, heating the solution and adding 872 parts of quinium sulphate, filtering after the calcium sulphate has subsided and setting the solution aside to crystallize.

The union of tannin with quinine, the so-called tannate, in view of its medicinal inferiority and excessive cost, is yet considerably used, probably on account of its lack of bitterness. This salt, if salt the ordinary article may be called, contains a very low, in fact the very lowest percentage of quinine, and is also one of the most insoluble compounds of this base.

Tannin has a varied affinity for many substances, and in different degrees for the same substance. By reason of this peculiarity the quinium tannate, or tannolate, as ordinarily prepared, contains a very large excess of tannin compounded with free acid, so that the article is in reality a mixture. Manufacturers, indeed, endeavored to have the largest possible amount of tannin absorbed, deeming such a procedure perfectly legitimate in view of the fact that no recognized and definite standard for comparison exists. The bitterness of the substance, of course, diminishes in proportion to the deficiency of quinine contained in it, and the degree of its envelopment by the inert acid tannolate.

There is a quinium sulpho-tannolate of fairly definite composition which might, with advantage, replace the other so-called tannates. It may be readily prepared by the following formula: Dissolve 322 parts of tannin and 98 parts of potassium acetate in 10,000 parts of water, by the aid of heat, then add 872 parts of quinium sulphate, continue the heat for a few minutes, transfer the precipitate to a filter, and after sufficient washing dry it by exposure to the open air.

Syrup of yerba santa is growing in popularity as a vehicle for quinine in a tasteless form. As ordinarily prepared, it represents one ounce of the leaves in the pint, but a syrup of half this strength would be quite as good for general purposes. The active agent is an acid resin, which generates with quinine a nearly insoluble salt, which is decomposed by the common acids in the free acid resin and soluble quinium salt. The compound of quinine with the resin is a definite salt, and would be an excellent substitute for the indefinite tannolates of the market. It can be readily produced by extracting the leaves with water containing some alcohol and ammonia, and mixing the liquor with quinium sulphate, warming gently, washing the precipitate and drying it by exposure.

Syrup of yerba santa is best prepared by percolating one ounce of the leaves in coarse powder with water containing one drachm of ammonia water and two fluid ounces of alcohol in the pint, until one pint of liquor is obtained, and dissolving twenty-eight troy ounces of sugar in this with gentle heat. This syrup is clear and bright, having a deep brown red color, and slightly bitter but pleasant honey-like taste.

Quinium valerate in two crystalline forms in star-grouped needles, and in plates.

The first kind are obtained from a hot saturated solution by cooling; the second, at a lower temperature by slow evaporation. The first is the most practical form, and most readily produced. Double

decomposition is the only practical procedure for preparing the valerate. Two or three methods may be used, but the best process is that by double decomposition between quinium sulphate and calcium valerate in the presence of weak alcohol. This yields the salt chiefly in star crystals. The calcium valerate is generated by the action of valeric acid in aqueous solution on calcium carbonate. The reaction is almost instantly completed with copious effervescence. The formula is as follows: Mix 204 parts of valeric acid with 5,000 parts of water, add 100 parts of calcium carbonate, and when effervescence has ceased and a clear solution has resulted, add 2,500 parts of alcohol and 872 parts of quinium sulphate. Now heat the mixture until decomposition is complete; filter whilst hot, and rinse the residue of calcium sulphate with a little alcohol or weak alcohol, and set the filtrate aside to crystallize. Collect the crystals on a filter, drain, and dry in the open air. The drained liquor on evaporation will yield an additional crop of crystals.—*Abridged from an Article by R. Rother, in the American Journal of Pharmacy.—Va. Med. Monthly.*

THE HOT WATER TREATMENT.

DIRECTIONS FOR USING HOT WATER ACCORDING TO THE SALISBURY PLANS.

1. *The water must be hot; not cold or lukewarm.*—This is to excite downward peristalsis of the alimentary canal. Cold water depresses as it uses animal heat to bring it up to the temperature of the economy, and there is a loss of nerve force in this proceeding.

Lukewarm water excites upward peristalsis or vomiting, as is well known. By hot water is meant a temperature of 110 degrees to 150 degrees F., such as is commonly liked in the use of tea and coffee. In cases of diarrhœa the hotter the better. In cases of hemorrhages the temperature should be at blood heat. Ice water is disallowed in all cases, sick or well.

2. *Quantity of hot water at a draught.*—Dr. Salisbury first began with one-half pint of hot water, but he found it was not enough to wash out nor to bear another test founded on the physiological fact that the urine of a healthy babe suckling a healthy mother (the best standard of health) stands at a specific gravity varying from 1015 to 1020. The urine of the patient should be made to conform to this standard, and the daily use of the urinometer tells whether the patient drinks enough or too much hot water. For example, if the specific gravity of the urine stands at 1030, more hot water should be drunk, unless there is a loss by sweating. On the other hand, should the specific gravity fall to 1010, less hot water should be drunk. The quantity of hot water varies usually from one-half to one pint or one and a half pints at one time drinking.

The urine to be tested should be "the *urina sanguinis*" or that

voided just after rising from bed in the morning before any meals, or drinks are taken.

The quantity of urine voided in twenty-four hours should measure from forty-eight to sixty four ounces. The amount will, of course, vary somewhat with the temperature of the atmosphere, exercise, sweating, etc., but the hot water must be given so as to keep the specific gravity to the infant's standard, to wit, 1015 to 1020. The urinometer will detect at once whether the proper amount of hot water has been drunk, no matter whether the patient is present or absent. Another test is that of odor. The urine should be devoid of the rank "urinous" smell so well known, but indescribable.

The Salisbury plans aim for this in all cases, and when the patients are true and faithful the aim is realized.

3. *Times of taking hot water.*—One hour to two hours before each meal, and half an hour before retiring to bed.

At first Dr. Salisbury tried the time of one hour before meals, but this was apt to be followed by vomiting. One hour to two hours allows the hot water time enough to get out of the stomach before the food enters or sleep comes, and thus avoids vomiting. Four times a day gives an amount of hot water sufficient to bring the urine to the right specific gravity, quantity, color, odor, and freedom from deposit on cooling. If the patient leaves out one dose of hot water during an astronomical day, the omission will show in the increased specific gravity as indicated by the urinometer, in the color, etc. Should the patient be thirsty between meals, eight ounces of hot water can be taken any time between two hours after a meal and one hour before the next meal. This is to avoid diluting the food in the stomach with water.

4. *Mode of taking the hot water.*—In drinking the hot water it should be sipped, and not drunk so fast as to distend the stomach and make it feel uncomfortable. From fifteen to twenty minutes may be consumed during the drinking of the hot water.

5. *The length of time to continue the use of hot water.*—Six (6) months is generally required to wash out the liver and intestines thoroughly.

As it promotes health the procedure can be practiced by well people throughout life, and the benefits of "cleanliness inside" be enjoyed. The drag and friction on human existence, from the effects of fermentation, foulness, and indigestible food, when removed, gives life a wonderful elasticity and buoyancy somewhat like that of the babe above alluded to.

6. *Additions to hot water.*—To make it palatable, in case it is desired, and medicate the hot water, aromatic spirits of ammonia, clover tea blossoms, ginger, lemon juice, sage, salt, and sulphate of magnesia are sometimes added. Where there is intense thirst and dryness, a pinch of chloride of calcium or nitrate of potash may be added to allay thirst and leave a moistened film over the parched and dry mucous membrane surfaces. When there is diarrhoea, cinnamon, ginger and pepper may be boiled in the water, and the quantity drunk lessened. For constipation a teaspoonful of sul-

phate of magnesia or one-half teaspoonful of taraxacum may be used in the hot water.

7. *Amount of liquid to be drunk at a meal.*—Not more than eight ounces. This is in order not to dilute the gastric juice or wash it out prematurely, and thus interfere with the digestive processes.

8. *The effects of drinking hot water as indicated,* are the improved feelings of the patient. The fæces become black with bile washed down its normal channel. This blackness of fæces lasts for more than six months, but the intolerable fetid odor of ordinary fæces is abated and the smell approximates the odor of healthy infants suckling healthy breasts, and this shows that the ordinary nuisance of fetid fæces is due to the want of washing out and cleansing the alimentary canal from its fermenting contents. The urine is clear as champagne, free from deposit on cooling, or odor, 1015 to 1020 specific gravity, like infant's urine. The sweat starts freely after drinking, giving a true bath from centre of body to peripher. The skin becomes healthy in feel and looks. The digestion is correspondingly improved, and with this improvement comes a better working of the machine. All thirst and dry mucous membranes disappear in a few days, and a moist condition of the mucous membrane and skin takes place. Ice water in hot weather is not craved for, and those who have drunk ice-water freely are cured of this propensity. Inebriety has a strong foe in the use of hot water.

9. *Summary of general considerations on the therapeutical drinking of hot water.*—

- (a) Foundation of all treatment of chronic diseases.
- (b) Excites downward peristalsis.
- (c) Relieves spasm or colic of the bowels by applying the relaxing influence of heat inside the alimentary canal, just as heat applied outside the abdomen relieves.
- (d) Dilutes the ropy secretions of the whole body, and renders them less adhesive, sticky and tenacious.
- (e) Inside bath.
- (f) Dissolves the abnormal crystalline substances that may be in the blood and urine.
- (g) Necessary to have the hot water out of the stomach before meals.
- (h) Use is to wash down the bile, slime, yeast and waste, and have the stomach fresh and clean for eating.
- (i) Promotes elimination everywhere.
- (j) If objection is made, it must be remembered that we are 75 per cent. water.
- (k) The gas that is sometimes eructated after drinking hot water is not produced by the hot water, but was present before, and the contraction of peristalsis ejects it, or sometimes it is that the air is swallowed in sipping as horses suck air. The amount of gas contained in the alimentary canal is larger than most are aware of, and yet it is not excessive, as it takes some time to eruct a gallon of gas from the stomach. This length of time can be tested by submerging a gallon jug filled with air under water, and observing how long it will be in filling with water.

(l) Some physicians have advised against hot water, on the ground that it would "burn the coating of the stomach." If this is so, then a denudation of the lining of the stomach continuously for twenty-four years is compatible to a state of otherwise perfect health with no sign of illness for that period of time, and is also compatible with the numerous cases that have occurred under the use of hot water as a foundation for treatment during the past twenty-five years. Again, the same physicians drink tea and coffee at the same temperature, and this act belies their warning and shows their inconsistency and want of consideration before speaking.

(m) These dicta about the therapeutic drinking of hot water were founded on physiological experiments at the outset, verified in pathology and based on the experience derived from the treatment of thousands of cases since 1858. They are open, so that all who will may partake of this "water of life freely."

10. *Personal estimate of the founder of this practice.*—"If I were confined to one means of medication, I would take hot water. I have drunk it for twenty-five years."

Corroboration of the writer.—The writer testifies that his own personal experience and observation corroborate the truth of these statements of the Salisbury plans.—*Dr. Cutter in Gaillard's Medical Journal.*

ON THE "DRY DRESSING" TREATMENT OF WOUNDS.

BY SAMSON GAMGEE, M. D.

Generalizations are proverbially difficult in a science and practice like that of surgery. However sound be their foundations, however close the reasonings by which they are arrived at, their success in particular cases depends on the judgment, skill and care with which they are applied. To the reservations already made I must add something on "Dry Dressing," which, unqualified, is a very misleading designation of this plan of treatment. It is certainly entitled to be called "dry dressing," inasmuch as water is not used, and even astringent and antiputrescent lotions very sparingly so; but success demands attention to all essentials of the physiological treatment of surgical injuries—immobility, position, and pressure, drainage and infrequent dressing, pure and non-putrescent materials; gentle, patient, and skilled manipulation; intelligent and unceasing watchfulness of constitutional states.

Fresh wounds without loss of substance are particularly suited for the plan of treatment here recommended. They should be put up without water, the edges accurately in contact; always bearing in mind the necessity of providing for drainage outward of any effused fluid. Under absorbent pads and elastic pressure, with absolute rest and attention to position, the vast majority of fresh wounds heal rapidly, solidly, and painlessly. When the dressing is changed, which it should only be infrequently, no water

should be employed; but if there be any discharge and necessity for cleaning, this can best be done with a pledget of dry lint or of absorbent gauze and cotton; all manipulations to be of the lightest. Such dry dressing simulates the natural scabbing process, but is really more perfect. Wounds of many inches in length heal so directly and perfectly under dry dressing and elastic pressure, that in the course of a few days it is often difficult to detect the fine linear scar on the dry and shrivelled skin. If a fresh wound be attended with loss of substance, some boroglycerine should be poured on the part before application; it prevents too close adhesiveness, and possible bleeding, when the dressing is removed, and has the further advantage of preventing decomposition.

The necessary employment of sutures and adhesive plasters, according to requirements, need not be dwelt upon, and I shall only briefly remark that instead of, or in addition to, such bonds of union, I frequently employ styptic colloid, compound tincture of benzoin or collodion.

In wounds with large loss of substance, if healing be slow, action may profitably be stimulated by a variety of the well known astringent applications in ointment or lotion, than which I do not know a better than the old red lotion, with a liberal addition of glycerine. Position, rest, and pressure remain cardinal indications, poultices and water prohibited. By this I mean stagnant water in the shape of water dressing, which is nearly as potent as a poultice in promoting suppuration and decomposition. It is otherwise with cold water irrigation, which is consistent with, nay may be made conducive to, perfect drainage, and by its astringent and sedative action produces effects very similar to those of rest and pressure. Cold irrigation is not easy to apply continuously comfortably, and one of its great advantages, the low temperature, may be secured by ice bags.

I hope I have made it clear that while the absence of water is a prominent feature of the "Dry Dressing" method, an essential is the maintenance of immovable apposition under elastic pressure, whereby the dynamics of the circulation are so controlled that the part is only allowed blood enough to nourish it. Irrigation, the great cause of stasis and effusion, is reduced to a minimum, and the part is maintained in a state the nearest approaching to inaction and dryness. In direct proportion the material and the possibilities of decomposition are averted.

Contused and inflamed wounds likewise afford conclusive evidence of the soundness and general applicability of the principles and method just related. The dressing which I hold in my hand was removed from one of the employees in an iron warehouse. He was moving some pigs of iron, when one, weighing a little over a hundred weight, fell on his right foot. I saw the case very shortly afterward, and found the foot very much swollen, its bony outline obliterated, the skin bluish and shining, with a star-shaped wound on the center of the instep. Having satisfied myself that no foreign body was present, I dried the wound and placed over the dorsum of the foot this large pad of absorbent gauze and cot-

ton, and then a compressive bandage from the roots of the toes to the middle of the leg. I enjoined my patient to keep perfectly quiet, lying during the day with his head at the foot of a sofa and the injured foot over its head. I did not remove the dressing until the eighth day, when the wound was healed, the outline of the limb perfect, and though the skin was mottled, as from a bruise, up to the middle of the leg, it was cool and painless.

You see how the blood had penetrated, though in small quantity, through the dressings, and dried on the outside. The tincture of benzoin had acted as a coagulant and anti-putrescent, and drying into the lint served the purposes of a mould. Its styptic property was assisted by pressure and position, under which the effusion was absorbed; the part shrank, and the wound healed without further interference. This result, a typical one of the method, was not a simple consequence of a dry application, but due to a variety of causes which combined in controlling the circulation and promoting reparative action in accordance with demonstrably true principles of animal physics.—*Lancet*.

THE USE OF WATER IN THE DIETARY OF YOUNG CHILDREN.

BY CHARLES REMSEN, M. D.

During my service as interne at the Nursery and Child's Hospital this summer, one factor in the production of infant mortality during hot weather has impressed itself strongly upon my notice. I refer to the ignorance shown by most persons, especially in the lower ranks of society, in regard to the amount of water required by children, either nursing or artificially fed.

Because the natural food of young children is in a fluid form, the laity generally suppose that no further supply of water is necessary. In medical writings on this topic, also, too little stress is laid on the importance of giving minute instructions in regard to this point.

When we consider the difference in the amount of fluids taken by an adult during hot and cool weather, it can readily be understood how a supply of water amply sufficient to meet all the requirements of a child in winter may be totally inadequate in the dry heats of summer. No provision for an increased supply, however, of this necessary principle is made through the natural channels; but, if the call for it be not attended to, the most serious consequences will result.

The blood having parted with much of its water to supply the increased evaporation from the surface of the body, will take up very quickly the fluid portion of any food introduced into the stomach, leaving the solids too thick to be easily digested; these then ferment and produce indigestion and colic, and, passing downward, diarrhœa, and hence a further drain upon the blood. As a consequence of the thickened state of the blood thus pro-

duced, the excretion of sweat is stopped and a condition of collapse and hyperpyrexia developed.

When we take into account the fact that there is a larger proportionate area from which evaporation takes place in children than in adults, and that there is a greater amount of activity displayed in all the vital processes in the former, it is evident that their punishment should be not only relatively greater in amount, but also given at much shorter intervals. In warm, dry weather babies will drink cool water every hour, or even at shorter intervals, if, as it should be, it is offered to them. When they are suffering from diarrhœa, the amount that they will drink and the improvement produced by it are astonishing.

The earliest sign showing the amount of water in the system to be below the normal standard is a slightly depressed condition of the anterior fontanelle. This may be present in children who otherwise present the appearance of perfect health; yet any slight increase in temperature or deprivation of the breast for a few hours may give rise in them to a sudden hyperpyrexia. In nursing children, however, the attention is usually first aroused by fretfulness, a moderate rise of temperature and pulse, a hot, dry skin, and a constant desire to nurse. If a child in this state be given a free supply of water, and its nursing restricted in frequency, the symptoms will often disappear quickly and completely; but, if not, collapse will soon come on.

In this condition the temperature ranges from 105° to 106° F., or higher; the pulse is small and thready, and beats from 180 to 200 to the minute, the skin of the body feels painfully hot, while the extremities are cool; the features are pinched and sunken, the eyes are half closed, with the pupils contracted; the fontanelle is depressed, the hands are tightly shut; the respiration is hurried and irregular, and consciousness seems abolished. In the majority of cases vomiting and diarrhœa have been absent, or, at most, the patient has had one or two small slimy stools. A child in this state will swallow water when offered to it with greediness and the expression of the utmost pleasure.

The treatment adopted at the Nursery for these emergencies consists in wrapping the patient in a wet sheet, applying cold to the head, and giving as much water by the mouth as the child will swallow.

The results of this simple method have been extremely satisfactory, the child becoming quiet, and even going to sleep, while all the threatening symptoms subsided with great rapidity.

The attention given to this point as a prophylactic measure among the inmates has been followed by a diminished rate of mortality, and a marked reduction in the number of gastric and intestinal complaints.

In conclusion, it may be said that if more care were directed toward giving children a proper amount of water, and restricting their hours of nursing or feeding, the mortality due to hot weather would decrease, and less would be heard about the troubles of teething.—*N. Y. Med. Rec.*

GONORRHŒA EASILY CURED.

By Z. T. DELLENBAUGH, M.D., OF CLEVELAND, OHIO.

Founding an opinion on the recent text-books and treatises on this disease, one would imagine there had been little, if any, progress in its treatment. The young practitioner, without practical experience, who undertakes the management of gonorrhœal cases by the plan of treatment generally recommended in these works, with nauseating mixtures and conglomerate injections, will certainly be discouraged, and find his cases dragging along, or quit him, to become rounders. In cases of acute gonorrhœa I have, for eight or ten years, used carbonate of lithia to alkalinize the urine, and find the five-grain compressed tablets, one taken three times daily, very convenient, fulfilling every indication better than any other salt. I now rarely find it necessary to give any other remedy internally.

Should the case fail to respond to the following injection, and show marked improvement in two or three days, two sandal-wood oil capsules may be given, three times daily, for three or four days. The injection I have used in cases of acute and sub-acute gonorrhœa for more than a year, with the most gratifying results, especially to the patients, who have recovered in from two to seven days, and paid me from one to three visits, is the following—

R. Resorcin..... 3 j,
 Acid. boracic..... gr. xx,
 Zinci acetatis..... gr. $\frac{1}{4}$ - $\frac{1}{2}$,
 Aquæ distillat..... f. 3 iv.

M. Of this solution two teaspoonfuls are injected three times daily. The germicides, resorcine and boracic acid are so slightly astringent, that it requires the additional zinc salt to restore capillary tonicity. This injection is quite or nearly painless.

In the treatment of the later stage of sub-acute and chronic gonorrhœa, without stricture or granuloma as a complicating factor, I have had the happiest results follow the use of the following injection—

R. Hydrargyri chloridi corrosivi..... gr. $\frac{1}{4}$ ss.
 Zinci chloridi..... gr. ss-j,
 Aquæ distillat..... f. 3 viij.

M. Sig. A tablespoonful to be injected well down into the urethra, three times daily.

Corrosive sublimate injections are by no means a recent addition to the list. The rationale of their use, however, is recent. As in the injection for acute cases, the germicidal constituent must be so sparingly used (otherwise it produces great pain and reactive inflammation), that I find it very advisable to combine a more astringent salt; and the chloride of zinc is the one I have selected, for obvious reasons. Without doubt, a mild injection of corrosive sublimate and chloride of zinc is destined to be the injection for sub-acute and chronic gonorrhœa.—*Clin. Record.*

THE RADICAL CURE OF VARICOCELE BY EXCISION OF THE VENOUS PLEXUS, ILLUSTRATED BY THREE CASES.

BY H. C. BOENNING, M.D., OF PHILADELPHIA.

For the radical cure of varicocele, I have recently performed an operation which, in three cases, has resulted in a speedy, complete cure, and which, if properly done, is superior to the ordinary operation—because, first, it is *simple, easily performed*, and the parts under the sense of *sight* as well as feeling; second, it is invariably successful; third, the free drainage prevents absorption of pus or other discharges. It is well known that, as the result of the so-called subcutaneous ligation (intra-scrotal) of the veins, gangrene of the testicle, abscess, sloughs, and pyæmia have occurred, with, in some cases, a fatal result. Free drainage is an acknowledged important factor for the prevention of blood-poisoning, and is as necessary in the operation for the cure of varicocele as in any other wounds. In the ordinary varicocele operations, also, the sense of feeling is entirely and alone relied upon; it is undeniable that, frequently, puncture of the veins, or incomplete ligation of the veins, occurs, resulting in complications interfering with the obliteration of the varicocele; further, in some cases the varicocele, through collateral circulation, returns a few weeks after the so-called radical operation.

The operation of excision is performed as follows:

The parts are shaved; the patient is anæsthetised; an incision is then made through the anterior portion of the scrotum, about three-fourths of an inch to the left of the raphe and about two inches in length, from near the lower portion of the scrotum up; the tissues are divided, layer after layer, upon a director, until the cord, veins and testicle are exposed; the vas deferens is carefully drawn over to the right; the veins are isolated, separated, and an aneurism-needle is passed, armed with a strong catgut or waxed-silked double ligature; the veins are then ligated above and below, the ligatures being placed half an inch or more apart; the veins are then divided midway between the ligatures, as is the thyroid gland in tracheotomy, and the stumps of veins beyond the ligatures are retrenched, if necessary, by the scissors. All the veins, however, should not be ligated; *one or two should be left to return the blood* supplied by the arteries of the cord. The general inference that the veins of the cord are sufficient to carry off the venous blood is incorrect; and, hence, to assist the circulation the above plan should be adopted, lest gangrene ensue, or a chronic congestion of the testicle. After the veins have been ligated, divided and retrenched, the parts should be carefully cleansed, as is the peritoneum after abdominal section, and returned to their places; the ligatures, cut about four inches long, drawn out of the sac at the lower portion, and sutures applied from above downward; three silver wires should be deeply passed *through* the lips of the wound, so as to catch the visceral layer of the tunica vagi-

nal, leaving a lower aperture of half an inch in length, for drainage.

The parts should be supported either by the scrotal support (see College and Clinical Record, vol. ii, page 264) or towels or oakum. The dressings should be light—carbolyzed oil, salicylated cotton, lead water and laudanum; or a poultice when indicated; the latter will do good service from about the seventh to the twelfth day. Internally, good nourishment, quinine, or, if fever arises, an aconite fever mixture, is indicated.

From about the third day very mild, warm injections may be used to advantage; thus, one part of carbolic acid to a hundred of water, ten grains of permanganate of potassium to a quart of water, etc., at about ninety-five degrees of heat, should be daily employed in washing out the sac. If the drainage opening show a tendency to close, a small piece of oiled lint may be passed between the lips of the wound. After the tenth day gentle traction may be made upon the ligatures, which all come away before the fourteenth day.

The patient should remain in bed a few days after the ligatures come away. The remaining wound gradually granulates, being eventually a sinus, which, with proper stimulants (one of the best being nitric acid, ten or fifteen drops to the ounce, or a probe coated with the nitrate of silver and passed into the wound daily, every other day, or as circumstances require), heals in a short time. The quantity of fibrin, etc., effused will leave a "lump" in the scrotum, which, however, finally disappears.

The cases I operated upon by this method, as stated before, have made excellent recoveries. In the first case the scrotum was long, pendulous, and instead of making an incision parallel with the raphe, I cut at right angles to it, making two curved incisions, thus removing about two inches of tissue from the front of the scrotum and materially shortening the sac when the sutures were applied. In this case, after the third day all fever subsided, and the ligatures came away, one on the seventh, the other on the thirteenth day. The second case was also successful, but devoid of any especial points of interest.

The third case did not do so well at first. The scrotum was very short, the varicocele slight, but sufficient to keep the patient out of the United States army. At his request I operated. High fever for a week and a slight slough of the tunica vaginalis occurred; then the case assumed a better character, and is now nearly well, nothing but a small opening still remaining.

After the patients leave their bed, I urge them to wear a good suspensory for a few months, after which they cast it aside. All of my cases have been up, attending to their various pursuits, by the sixteenth day; in fact, the last two were enabled to resume their work before the fourteenth day.

The advantages of the operation, briefly, are these: simplicity, certainty of success and rapidity of cure—to say nothing of the free drainage and the free exposure of the parts involved: hence, the impossibility for any surgeon who knows anatomy to do other than what the case demands.—*Philadelphia Medical Times*.

ABSTRACTS AND GLEANINGS.

Influence of Calomel on Fermentation and the Life of Micro-Organisms.—The following is an abstract of a paper by N. P. Wassilieff, in *New Remedies*: Calomel has always held a foremost place amongst those remedies which are confidently resorted to in certain gastric and intestinal disorders, especially of childhood, but the precise nature of its beneficial effect has heretofore been unexplained. Recent works on pharmacology pass over the question, and only Kohler refers to the favorable action of the drug in typhus, cholera, dysentery and other diseases, as being due to the germicidal and anti-fermentative qualities. No evidence in support of this view is adduced. Voit, however, had noticed, in 1857, that egg-albumen and blood, when mixed with calomel, remained for days without undergoing putrefaction. Hoppe-Seyler also mentions an aseptic influence of calomel, and ascribes to it the well-known color of bowel discharges after an administration of calomel.

The author undertook this investigation at the request of Hoppe-Seyler, first, in regard to the behavior of calomel towards the so-called unorganized fluids (enzymes), and, secondly, as to its action on the lower organisms associated with the processes of fermentation and putrefaction. The first series of experiments were made in order to determine the influence of calomel on the normal process of digestion in the stomach. The results proved that its presence in no way interfered with the properties of the gastric juice, fibrin being digested in the same time, whether calomel was present or not. In the next series, the influence of calomel on the process of pancreatic digestion was investigated. It is now known that three separate ferments exist in the pancreatic secretion, by which albuminates, fats and carbo-hydrates are severally transformed and fitted for assimilation in the system. The object in view was to observe the possible influence of calomel on each of these respective ferments. For the purpose of experiment, a watery extract was prepared from the finely-minced gland and strained through linen. It was found that the action of the ferment, by which albuminates become digested, was in no respect hindered by the presence of the calomel, and further, that there was a conspicuous absence from the liquid mixture of all products of putrefaction. In the mixture containing calomel large quantities of leucin and tyrosin were found, whilst indol and phenol were absent. In the mixture without the addition of calomel, the two latter bodies were both present, but only traces of leucin and tyrosin. The latter solutions had likewise a putrid smell and a dirty-brown color, whilst the former was of a dark-gray color, and odorless. In some additional experiments wherein the process was allowed to proceed in a Bunsen gasometer, and the evolved gases examined; it was found that, from the mixture containing calomel, hydrogen and hydrogen-sulphide were never given off, and carbonic anhydride in very considerably less amount than from the control.

mixtures without calomel. These results accord with those of Hufner (J. pr. Chem., 10 and 11), who found, in his experiments on artificial digestion with pancreatic extract, that when, by means of a properly arranged apparatus, entrance of micro-organisms was prevented, neither hydrogen nor hydrogen-sulphide made its appearance, but only carbonic anhydride. These two first-named gases have, therefore, nothing to do with digestion proper, but are the result of putrefactive changes brought about by the presence of microzymes in the alimentary canal.

The action of calomel on the ferment of the pancreatic juice, to which the digestion of fat is due, was next examined. The existence of such a principle has, until now, been considered highly doubtful, Paschutin's observations on this head being all that is known of the subject (W. Paschutin, *Ueber Trennung der Verdauungs-Fermente; Centralbi fur die Medicin. Wissensch., 1882*). As in putrid solutions, fats became saponified rather quickly; the problem became an important one to determine whether the transformation of fat in the alimentary canal was owing to the action of an unorganized ferment or merely to the putrescent changes going on there. The experiments made proved beyond a doubt that the action of pancreatic juice upon fat took place in the complete absence of putrefaction, and the digestion of the fat by the pancreatic extract in presence of calomel proceeded precisely as in the instance of the experiments in regard to the peptic ferment (trypsin) of that gland. The action of the third and remaining ferment of the pancreas, the diastatic, upon starch, and the transformation of the latter into glucose, proceeded equally undisturbed in the presence of calomel. Hence it follows that calomel, by its presence in these experiments on artificial digestion, allows the actual process of digestion to go on without injury, whilst it effectually prevents putrefactive change. And this, in the same way, is proved for salicylic acid by Kuhn, and, in the case of arsenic, by Scheffer and Böhm.

The author also found the action of calomel in the process of butyric acid fermentation, which sometimes occurs in certain pathological states of the digestive system, similar to that in common putrefaction, entirely preventing it. A further series of experiments, which need only be referred to here, were carried out to determine the disinfectant action of calomel in fluids containing bacteria and micrococci, the bacterioscopic method of Bucholtz-Wernich being used. The results showed that calomel acted as a true antiseptic and disinfectant in preventing the development of such organisms in culture fluids, and arresting their activity when already developed therein. The difference in the influence of calomel on the process of digestion on the one hand and on putrefactive and fermentative changes on the other, is dependent upon a distinct difference of action on unorganized ferments. Whilst it does not interfere with the activity of the latter, it destroys the vitality of the former, and with it the power of inducing subsequent septic changes. Finally, as regards the green color of the bowel discharges witnessed after the exhibition of calomel, this was formerly attributed to the presence of bile expelled by virtue

of the assumed action of calomel as a cholagogue, this appearance was considered by Hoppe-Seyler to be due to the presence of undecomposed bile, and the author's experiments now confirm this view.

Under ordinary conditions, the bile pigments, bilirubin and biliverdin, become decomposed in the intestine under the influence of putrescent changes, forming hydrobilirubin. During the administration of calomel this decomposition does not take place, and the bile pigments are expelled unchanged. The author concludes that the therapeutic virtues of calomel are to be ascribed to its antiseptic and disinfectant properties.—*Zeitsch. Phys. Chem.*, 6, 112, in *Journ. Chem. Soc.*

Benzoate of Cinchonidine.—This salt is prepared, according to Byasson, in the following manner:

Dissolve 60 parts of benzoic acid in 200 parts of alcohol of 90 per cent., and pour the solution into a porcelain vessel containing 3,000 parts of boiling distilled water. On the other hand, dissolve 200 parts of sulphate of cinchonidine in 2,000 parts of water, with the aid of diluted sulphuric acid and precipitate with ammonia. Wash with a small quantity of cold water. Add the still moist precipitate to the hot solution of benzoic acid, and filter while hot. If the solution is not faintly alkaline, make it so by the cautious addition of ammonia. On cooling, the benzoate of cinchonidine separates in form of small, thin, prismatic needles, much resembling the neutral sulphate of cinchonidine. By evaporation of the mother-water, a new crop of crystals is obtained, which are added to the first, and then washed with cold water. The yield is about 200 parts.

Bouchardat recommends this salt in mild cases of diabetes with excessive uric acid production, which he calls "glyco-polyuric diabetes." He follows the authority of Ure, who states that benzoic acid unites with uric acid, and forms hippuric acid or alkaline hippurates, which are both more soluble than uric acid or urates.—*Pharm. Post*, No. 34.

Treatment of Nævus.—There are several recognized and legitimate ways of treating "mothers' marks," as nævi or vascular stains are denominated. One method is to remove the discolored integument by a series of elliptical excisions; and another is to puncture the disorganized skin with a cataract needle; and still another is to paint the nævoid spot with tincture of thuja.

Lately I have had under my treatment a nævus—arterio venous—of the eyelid. It involved the integument and the conjunctiva, so that excision was impracticable. Besides, the alcohol of the thujal tincture provoked undue irritation of the eye. To hasten a cure I injected a few drops of the tincture of thuja into the vascular mass every week, using a small hypodermic needle for the execution of the purpose. Some inflammation followed the injections, yet this was in no way baleful. In ten weeks no deformity existed. Injections were made on six different occasions. The result was highly satisfactory. Nævi of the vulva may be cured by the same method.—*Ec. Med. Journal*.

Doctor Kocher, of Berne, read a paper before the Twelfth Congress of the German Surgical Society, held at Berlin, a few months ago. His subject was "Extirpation of Bronchocele and its Results," in which he suggests that the thyroid gland is a regulator of the cerebral circulation. Sometime after the removal of the gland persistent and progressive anæmia arises, proving, as he thinks, that the gland is a blood producing organ. Anæmia after removal of the spleen is but temporary. The paper was followed by one on the same subject by Dr. Bardeleben, of Berlin, in which he denied the blood-forming functions of the spleen and thyrain gland. He removed both these organs in a dog several years since and observed no evil consequences. He claims that in Dr. Kocher's cases the anæmia would have developed without operation.

Experiments on the lower animals have their value, but deductions from them cannot be regarded as absolute.

Dr. Maas, of Freiburg, presented a third paper on "Bronchocele." In five hundred and twenty-two cases, he operated only twenty-three times. In all the other cases the tumor was diminished by treatment with iodoform. We see how important the subject of goitre is in Central Europe.

Dr. Maas also presented a paper on "Alkaloids of Decomposition," which opens up a curious field of study. He found three alkaloids in decaying animal matter. They were present in great quantity and found as early as 24 hours after death. The first in small dose, induced marked tetanus, and a larger dose caused death in 30 to 40 minutes. The action of the second, resembled that of morphia, while the third was similar to strychnia in its effects. These researches suggested that we may have conditions accompanying wounds that are due to the development of these alkaloids.—*Med. World.*

Aspidospermo Quebracho.—**Dr. John Fearn**, in the California Medical Journal, gives the results of his experience with this respiratory stimulant. He concludes, as a result of his observations, that it stimulates and tones the pneumogastric nerve, and especially the cardiac and pulmonary branches of that nerve. He reports two cases in which he employed the agent. In the first there was severe dyspnœa, an anxious look and cyanotic countenance due to cardiac disease. In the second case the dyspnœa was due to pneumonia. In both cases the exhibition of quebracho was promptly followed by relief to the breathing. He enjoins an intelligent choice of the remedy in individual cases, intimating that its promiscuous empirical use must be attended with frequent failures.—*Ther. Gazette.*

To Hasten the Action of Quinine.—It is claimed that the administration of a weak tartaric acid lemonade, immediately before swallowing powder or pills of quinine, will facilitate the absorption of that drug. In addition to its effect in thus accelerating solution and absorption, it is said, also, to obviate the unpleasant gastric irritation experienced in the case of some after the administration of large doses of quinine.—*Ther. Gazette.*

A Remarkable Case of Obstetrics.---Abortion at Two Months and Quadruplets at Full Time.—Drs. Edwards and McTaggart, in a report (Canada Medical Record), say: On July 21, 1883, we were called to Mrs. S., small of stature, aged thirty-eight, weight one hundred pounds. She thought herself but five months *enciente*, but from her history and condition it was evident that she was seven months pregnant. She last menstruated on December 4, 1882. About seven weeks from this time she commenced to flow, which lasted for some three weeks, accompanied by pain. With a pain resembling a labor pain something was expelled, which she described as a lump of flesh with bloodvessels in it. To this "lump" was attached a short string. At this she became alarmed, and consulted a medical man, who assured her that she had had a miscarriage. He prescribed some medicine which he said would check the flow and cause the expulsion of anything that might remain. From her account the flow increased for a few days, then finally stopped. From this time until Friday, the 14th September, 1883, she has been, comparatively speaking, quite well, although distressed by the immense size and weight of the abdomen. On the evening of this date (Friday, 14th September) she was delivered of four living children, two boys and two girls; the time elapsing between the birth of the first and that of the last child being one hour and forty-five minutes. The weight of the male children exceeded that of the females by a few ounces. Weight of males, four pounds, nine and one-quarter ounces, and four pounds three ounces; females, four pounds six ounces, and three pounds, thirteen and three-fourths ounces. Labor terminated favorably, there being no hemorrhage to speak of. There was but one placenta, each cord being inserted at different parts of its surface. The quartette are now six days old, all healthy, able to nurse, and bid fair to live. The mother is doing exceedingly well, having suffered no more exhaustion than if she had had but one child.—*Can. Med. Record.*—*Louisville Med. News.*

Hydrastis in Gonorrhœa.—Dr. A. W. Bixbey reports several cases of gonorrhœa treated chiefly by hydrastis. One of the injections suggested is:

R Hydrastis sulphatis.....grs. x.
Glycerinæ.....i ̄ 3
Aquæ destillat.....3 iij.

M. Use by injection every three hours.—*Quarterly Epitome Prac. Med. and Surg.*

Napthalin in Frostbites.—Dr. Linderbaum has employed this remedy with success in a number of cases of frostbite. The dressing is usually changed every seven to ten days. In some instances the patients complained for two or three hours after the application of severe stinging pains, caused probably by small crystals of naphthaline. As for us, the author's experience will permit him to judge, the same remedy is equally beneficial in burns—*St. Petersburg Med. Woch.*

Cancer Remedy.—A correspondent of the British Medical Journal (No. 1175) reports that great relief has been experienced from the use of "clivers" (*Galium aparine*) as a remedy for cancer. When applied locally, it reduces the size and diminishes the pain of cancer. In Hertfordshire it is also used internally, the directions being as follows: The bowels having been previously cleared by aperient medicine and the patient enjoined to live on most simple diet, five ounces of the juice of the plant (obtained by pounding and squeezing) are to be taken twice daily; at the same time an ointment of the juice is to be applied to the cancerous ulcer, laying the bruised plant over it, and keeping the dressing constantly applied and frequently renewed. The amendment is very gradual, so that steady perseverance in the use of both internal and external means is necessary. According to one account, in three months the ulcer had perfectly healed.—*Med. Times*.

Dr. Martinet thus concludes a paper in a French medical journal on Typhoid Fever during pregnancy :

1. Typhoid Fever is rare in pregnant women.
2. It determines abortion in about one-half of the cases; the more surely, the less advanced is the pregnancy.
3. The lightest forms may produce abortion.
4. This complication arises usually in the course of the third week, and sometimes at the beginning of convalescence; it causes no recrudescence nor return of fever.
5. Puerperal accidents are the exception.
6. The immediate causes of abortion are unknown; elevated temperature, active or passive uterine congestion, and changes in the blood, although seemingly the most probable, cannot be regarded as the causes in all cases.
7. The treatment for the fever and the miscarriage is the same as for each condition alone.—*Med. World*.

Dr. J. M. DaCosta has been testing the therapeutic value of the salts of nickel. The sulphate proved of some value in obstinate diarrhœa. The bromide, however, is the most valuable of all, and will probably take a permanent place in the materia medica. Its action is similar to the other bromides, but a much smaller dose suffices. Five to seven and a half grains is an average dose, and ten grains is a decided one. It relieves congestive forms of headache and quiets the system generally. In epilepsy it does quite as well as other bromides, but, as above mentioned, a much smaller dose suffices.—*Med. World*.

Antagonism between Syphilis and Vaccine.—The Drug-Cir. and Chem. Gaz. for May, 1883, says that Dr. Polin inclines to the belief that there is an antagonism between the vaccine virus and that of syphilis. He was led to this view by the results of some vaccinations performed by him in Algeria. Of 471 children, the vaccination was successful in 410, all of whom were free from any syphilitic taint. Of the 61 children in whom the inoculation did not succeed, 48 presented indubitable evidences of syphilis. (We have made the same observation.—*Eds.*)—*N. Y. Med. Times*,

Chloral in Albuminuria.—In a bad case of albuminuria, in which the urine had been largely impregnated with albumen, the specimens passed after taking the chloral were of average specific gravity 1016, acid with no albumen; specimens passed at other periods contained albumen and granular and hyaline tube-casts.

A continuation of the chloral treatment resulted in complete disappearance of albumen from the urine, and with it disappearance of the other symptoms I have mentioned. In the middle of the month of July she had so far recovered that she was able to be removed to the sea-side. At the present time she is better than she has been for many months past, and, with the exception of amenorrhœa, she is quite well. No explanation is offered as to how the chloral was followed by such beneficial results. Suffice it to say that under its use, a lady so prostrate that she could not stand, with a dilated heart, albuminuria, and marked œdema of feet and legs—indications of a grave constitutional state—has simply been rescued from death. The chloral did not produce any apparent diuresis or diaphoresis.

Amenorrhœa.—Dr. Murrell, in *Lancet*, says: A married woman came to me complaining that she was never regular. She had had nine children in as many years, and rarely saw anything more than once between her pregnancies. She had been suckling for eight months, and had not been poorly for seventeen months—the nine months she had carried and the eight months she had suckled. She was not in a family-way, but said she expected she would be soon if she weaned the baby. She did not know when she ought to be poorly, and had given up all expectation of seeing anything. She was ordered two one-grain permanganate of potash pills four times a day, and came on poorly a fortnight after, the first time for seventeen months.

An Adjuvant to Chloroform.—M. Daster experimented to increase the effect of chloroform, while at the same time he diminishes the danger by preceding its administration by a hypodermic injection of the following mixture:

Aq.-destil, 10 grams.

Muriate of morphine, 10 centigrams.

Sulph-atropine, 5 milligrams.

One gramme of this injected prior to chloroformization, a very calm anæsthesia is brought about.—*Gaz. Med. de Nanets*.

Acute Goitre.—Surgeon-Major Gore, *Edinburgh Med. Journal*, records 30 cases of cure of this disease among the soldiers of a native Indian regiment, by biniodide of mercury, rubbed in for ten minutes or more, as the patient sat with the enlarged gland exposed to the sun or a strong fire. In some of the cases the swelling had been observed for about ten days before treatment. Only one case was any length of time in the hospital, viz: 79 days; an anæmic man, aged 22 years. The average duration of the treatment was 22.6 days.—*Jour. Ame. Med. Ass'n*.

Organic Matter in Drinking-Water.—A trustworthy writer aptly remarks, those who are familiar with the most recent sanitary experience realize that it is the *quality* rather than the *absolute quantity* of organic matter that is the most important factor in the sanitary judgment of a drinking-water. A water which contains a large amount of one kind of organic substance may be much more wholesome, or far less unwholesome, than that which contains only a small amount of another kind. It is a matter of actual experience that a water, notwithstanding it contains a large amount of nitrogenous organic matter capable of yielding albuminoid ammonia, may be found to be practically wholesome, or at least may be drunk for a long period without apparently producing any injurious effects; while, on the other hand, a water which contains *even a minimum* of organic substances capable of yielding albuminoid ammonia may nevertheless contain or develop the *materies morbi*, or unknown causal "something" of a specific disease.

The Ownership of Prescriptions in France.—A rather curious lawsuit lately took place before the justice of the peace at St. Germain, in which a pharmacist was prosecuted for having refused to give up a prescription that was taken to him by a patient. The patient claimed the prescription as being his property, which the druggist contested; but the tribunal decided otherwise, and the prescription was restored to the patient. The Société de Médecine Légale, commenting upon the case, admitted that the decision of the judge was unassailable from a legal point of view, but took the same ground as most medical societies in this country, viz., that the repetition of prescriptions is sometimes injurious to patients, and always detrimental to physicians, in a pecuniary sense.—*Druggists' Circular and Chemical Gazette*.

Paraplegia in a Child caused by Intestinal Worms.—A child of ten years was brought to the London Hospital and placed under the care of Dr. Thorowgood as a case of infantile paralysis. She had lost strength in her lower limbs gradually, for three months had been unable to walk, and was then quite unable to stand. The legs were not much wasted. Upon inquiry, it was ascertained that the patient also had been troubled with ascarides. An aloetic purgative mixture was given for several days, which acted well and brought away many worms. In two days she was able to run and walk about the ward as well as could be desired; and a few days later, as she seemed perfectly well, she was allowed to go home.—*Lancet*, July 28.

In the Journal de Médecine de Paris are collected the results obtained by several observers in the prevention of abortion and premature labor by assafetida. In ninety per cent. of the cases so treated the patients (who had aborted from two to five times in former pregnancies) went on to full term.—*Louisville Med. News*.

Prevention of Mammary Abscess.—A mixture of chloroform and glycerine, well shaken and quickly applied, and covered with oiled silk, is highly recommended.—*Drug. Circular*.

Croton-Chloral in the Treatment of Whooping-Cough.—W. C. Webb, M. D., of Bryantsville, Ky., ("American Practitioner," August, 1883), has come to the conclusion, from the treatment of nearly two hundred cases of whooping-cough, that croton-chloral is by far the most valuable single remedy for its relief. He has found that it is well borne by children. To affect the disease it must be given in decided doses. A child 12 months old will bear one grain of the medicine every four hours throughout the twenty-four. During the first week not less than this should be given. Thereafter the cough is usually so much relieved that few if any doses are required at night. If the drug be thus pushed to its full effect, there are few cases that may not be entirely controlled in a fortnight. The dose for children ten years old should be two grains every four hours; adults will bear only about four-grain doses. The drug thus used does not derange digestion or affect the vital nervous centers. The first few doses may cause some irritation about the throat and fauces, but this soon ceases. The relief is so marked in some cases that patients fall asleep in their chairs.

Croton-chloral, if pulverized, will dissolve readily in compound tincture of cardamom. The following is a good prescription—

R. Croton-chloral ʒ i.
Tinct. cardamo..... }
Glycerin } aa. ʒ ij.

M. Sig. One-half teaspoonful every four hours, for a child two years old and under.

A less expensive and very useful mixture is as follows :

R. Croton-chloral ʒ i,
Tinct. belladonna..... ʒ ij,
Tinct. cardam. co..... ʒ ij,
Glycerin ʒ iij.

M. Sig. Dose, one-half teaspoonful.

If the paroxysms of cough are exceedingly severe, and if there is extreme gastric irritability, the croton-chloral should be preceded by a few whiffs of chloroform. The anæsthetic thus used produces the happiest effects, and it need not be repeated more than two or three times. The combination of bromides with the croton-chloral is of doubtful utility. If any of them are to be used, the bromide of quinine should be preferred. Watchfulness should, of course, be exercised during the use of croton-chloral, lest toxic symptoms should appear.—*N. Y. Med. Record.*

Iodo-Ferrated Syrup of Coffee.—Povesi gives the following formula for an-iodo-ferrated syrup of coffee, which is especially adapted, from its agreeable flavor, for use in cases of scrofula occurring in children: R Syr. ferri. iod., syr. coffee, aa partes æquales. The dose is one-third that of syr. ferri. iod.—*Gaillara's Med. Journal.*

SCIENTIFIC ITEMS.

Gelatine Test for Organisms in Water.—Dr. Angus Smith, of Manchester, has recently brought forward a new test for the detection of organisms in water. It consists in rendering the water thick by dissolving gelatine in it. If the water is pure, the gelatine cylinder remains long unaltered; but, if it is impure from the presence of organisms, the gelatine round these becomes liquefied and globular, the organisms remaining solid at the bottom of the spheres. Dr. Angus Smith has prepared photographs of test-tubes of water which had been thickened by a solution of the purest fish gelatine, and then exposed to the action of light. When the water was pure, it remained translucent; but when bad, bubbles were rapidly formed, and the bacteria which appeared to be in the water began to act on the gelatine, breaking it up and rendering it soluble. A rapid movement of gas was observable. When the bubbles or balls appeared to be spherical, they indicated aggregations of bacteria. This change took place quickly, almost in twenty-four hours. But the test was only applicable where infusoria or fungi were present. For instance, peaty water free from animalcules or bacteria would stand without breaking up the gelatine. To change the gelatine, organisms must be present. Organic matter that is not putrescent or infective will not do it.—*Pop. Sci. News.*

Discovery of Prehistoric Men.—Recently, while a new gallery was being pierced in a coal-mine at Bully-Grevay, in the French Department of Pas-de-Calais (*Lancet*), a cavern was opened where the fossil remains of five human beings were found, a man seven feet tall, two women six and six-and-a-half feet, and two children about four feet. Fragments of arms and utensils of stone and petrified wood, with remains of mammals and fish were also brought to light. A second chamber enclosed remains of eleven human bodies of large size, several animals, precious stones, etc. The walls exhibited drawings of men fighting with gigantic animals. The petrified bodies were brought to the surface and will be examined by experts from the Academie des Sciences and the British Museum.—*Maryland Medical Journal.*

Liquid Oxygen and Nitrogen.—According to the latest researches oxygen when cooled to 137° C. (213° F.) liquifies to a colorless transparent liquid at the very moderate pressure of 23 atmospheres or thereabouts. Nitrogen at the same temperature, when the pressure is cautiously allowed to fall to a point not lower than 50 atmospheres, yields a colorless liquid with distinct meniscus. Ozone under quite moderate limits of pressure and temperature, is a liquid of intensely blue color which gives a vapor which can only be compared in color with the brightest blue sky. Pure alcohol is a white solid at about 130° C. (202° F.). At a very slightly higher temperature it is luicous like oil.—*Lancet.*

How to Mix Paints.—The following table, the source of which we are unable to trace at this moment, though we can vouch for its trustworthiness, will be found serviceable, especially for *amateurs*, as showing how simple pigments are to be mixed for producing compound colors:

Buff—Mix white, yellow ochre and red.
 Chestnut—Red, black and yellow.
 Chocolate—Raw umber, red and black.
 Claret—Red, umber and black.
 Copper—Red, yellow and black.
 Dove—White, vermilion, blue and yellow.
 Drab—White, yellow ochre, red and black.
 Fawn—White, yellow and red.
 Flesh—White, yellow ochre and vermilion.
 Freestone—Red, black, yellow ochre and white.
 French Gray—White, Prussian blue and lake.
 Gray—White lead and black.
 Gold—White, stone ochre and red.
 Green Bronze—Chrome green, black and yellow.
 Green Pea—White and chrome green.
 Lemon—White and chrome yellow.
 Limestone—White, yellow ochre, black and red.
 Olive—Yellow, blue, black and white.
 Orange—Yellow and red.
 Peach—White and vermilion.
 Pearl—White, black and blue.
 Pink—White, vermilion and lake.
 Purple—Violet, with more red and white.
 Rose—White and madder lake.
 Sandstone—White, yellow ochre, black and red.
 Snuff—Yellow and Vandyke brown.
 Violet—Red, blue and white.

In the combinations of colors required to produce a desired tint, the first-named color is always the principal ingredient, and the others follow in the order of their importance. Thus, in mixing a limestone tint, white is the principal ingredient, and red the color of which the least is needed. The exact proportions of each color must be determined by experiment with a small quantity. It is best to have the principal ingredient thick, and add to it the other paints thinner.—*Popular Science News*,

Strength of Insects.—At a meeting of the Maryland Academy of Sciences, Dr. Theobald showed a species of beetle, and gave the following figures: weight of beetle, 2 grains; weight moved by it, 5½ ounces or 2,640 grains, or 1,320 times the weight of the beetle. A man weighing 150 pounds, endowed with the strength of this insect, should therefore be able to move 198,000 pounds, or nearly 100 tons.

A six-pound pickerel, caught near Shelby, Iowa, had attached to it a complete set of fishing tackle, except the pole.

PRACTICAL NOTES AND FORMULÆ.

Treatment of Catarrh.—The following combination is stated by M. P. Vigier to have been used with good success in catarrhal affections:

R	Picis liquidæ.....	1.0 gm.=grs. 15,
	Benzoini.....	1.0 " " 15,
	Pulv. ipecac et opii.....	1.0 " " 15.

Mix. Make into ten pills. Take three pills daily between meals.—*New Remedies.*

Iron Rust Spot Remover.—

	Cream of tartar.....	50 parts,
	Binoxalate of potassium, powdered.....	50 parts,
	Oil of rosemary.....	1 part.

Rub to powder and mix well. Moisten the spot, place on a heated tin plate and rub with the moistened powder.—*New Idea.*

"Anti-Spree Mixture.—

	Pepsin, pure (in scales).....	20 parts,
	Water.....	2,000 "
	Hydrochloric acid.....	15 "
	Oil of sassafras.....	6 "

Mix. Shake well. Take a tablespoonful every hour.

Half-ounce doses of *Liq. ammon. acetatis* at intervals of two to four hours in water is a favorite in many hospitals, and three drops of tincture of nux vomica, in a little water, taken every hour, is a good remedy for bracing up on. These mixtures are chiefly serviceable for quieting the disturbed stomach, but are of little value in relieving the disorganization of the nervous system that ends in delirium.—*New Remedies.*

To Protect Surgical Instruments.—The following is recommended by Prof. Olmstead, of Yale College, (*Pop. Sci. News*): Melt slowly together six or eight parts of lard to one of resin, and stir until it is cool. Rubbed on a bright metallic surface, it protects the polish effectually. It can be wiped off nearly clean, if it is desired, as in case of knife blades, or it can be thinned with coal oil or benzine. The surface should be both bright and dry, as it will not prevent the continuance of oxidation already begun.—*Med. and Surg. Reporter.*

Oxide of Zinc in Diarrhœa.—M. Gubler has found it most useful in the diarrhœa of phthisis, and whenever ulceration of the uterus is suspected. He gives it in powders in the form:

R	Oxide of zinc.....	grs. xxx,
	Bi-carbonate of soda.....	grs. x.

In four powders, two or three daily.

Follicular Pharyngitis.—Dr. Shoemaker, of Kansas, in *Peoria Medical Monthly*, says: "For this affection, for internal topical applications I find the following to prove satisfactory when used as directed:

R Tannic acid..... 3 ij,
Iodoform..... grs. xx.

M. And use upon the parts by means of the insufflator, and care must be taken in selecting and using the instrument in this disease. A glycerite of tannic acid and iodoform, as the following, is excellent:

R Tannic acid..... 3 ij.
Iodoform..... grs. cxx,
Glycerine pura pt. 1.

M. And apply to the throat with camel's hair brush, according to circumstances.

Or either of the following may be used, according to the fancy of the doctor:

R Quina sulph..... grs. xxiv,
Cupri grs. xxxij,
Acidi sulphurici arom..... 3 j,
Aqua pura..... 3 xvj.

Fiat mistura et signa. Tablespoonful four times a day as a gargle. Or,

R Infus cinchon..... 3 viij,
Mellis desp..... 3 ij,
Acidi muriatici..... gts. xij.

Fiat gar gargarysma. This may be repeated several times daily."

Resorcine in the Treatment of Purulent Vaginitis.—

The recent introduction of resorcine into therapeutics has developed some properties which render it especially applicable for external use. Cheron has employed it with success in the treatment of vaginitis purulenta, in both the acute and chronic stage. When there is much tenderness, so that a speculum cannot be introduced, a soft catheter or tube is pushed in, and irrigations of from six to ten minutes' duration are practiced three times a day of the following:

R Resorcin..... 10,
Aque fortis..... 1000.

M. As a result, the purulent discharge is rapidly reduced and the soreness subsides, so that a modification of the treatment may be made. He then applies,

R Resorcin..... 6,
Amyli glycerit..... 60.

M. This is to be carried to the bottom of the vagina, with the aid of the speculum, upon a tampon of cotton-wool, which is allowed to remain in place for from twelve hours to fifteen hours. The dressing is repeated every second day. Cure is thus obtained more rapidly than with the ordinary emollients and astringents.—*Le Progres Medical; Revue Med.-Chir. des Maladies des Femmes*!

Eczen.a Rubrum of the Face and Scalp.—An infant aged seven months presents a marked form of this disease upon the cheeks and vertex, consisting of patches of inflammation, here and there oozing and covered with scales and adherent crusts. The case has been under treatment here for several days, and the lesions on the face are showing signs of improvement, while those on the scalp exhibit evidences of neglect, the crusts being allowed to remain. It is remarkable often how mothers, and even physicians, will object to the removal of these crusts. But as long as such effete material is permitted to remain, no remedies can be applied with success; it must, therefore, first be removed. After this has been done in this case, the following ointment will be ordered:

R Acid. salicylic.....grs. xv,
 Pulv. zinci oxid., } aa3 j,
 Pulv. amyli, }
 Cosmoline.....3 vj.

Sig. Apply twice a day.—*Med. and Surg. Rep.*

On the Treatment of Whooping Cough.—

R Croton-chloral.....3 j,
 Tr. cardam.....3 ij,
 Tr. belladon.....3 ij,
 Glycerin.....3 iij.


M. Dose, half-teaspoonful to a child two years old every four hours. I have sometimes combined the several bromides with the croton-chloral, but I never felt sure that they added in any degree to its efficacy. If one bromide was better than another, it was the bromide of quina. But I rely now exclusively on the croton-chloral in the management of pertussis. While I have never seen any unpleasant effects from this drug, I scarcely need add that in its exhibition a watchful care should be exercised lest, for some reason, its toxic effects should manifest themselves.—*Dr. W. C. Webb in Amer. Prac.—Med. and Surg. Rep.*

Bryonia.—Just one year ago, a gentleman 71 years of age came to see me, seeking relief for his swelled and paining hands and fingers (rheumatic, not gout). I gave him tincture of bryonia alba, a half teaspoonful to four ounces of water, one teaspoonful every two to four hours. He took it, and was relieved in a few days, regaining perfectly the functions of the members. To-day the man called again, having traveled about one hundred miles, to inform me that his skin disease was entirely cured, and wishing to know whether the medicine he took had also cured him of that malady, as he noticed an improvement from the beginning of taking the bryonia. In all he took one fluid ounce, when the cure was complete. The dermal perversion was pityriasis of some 25 or 30 years standing, affecting the entire surface of the body. The furfuraceous desquamation was indeed terrible in the latter years; he would shed about one pint of this branny material in the course of a night. He had exhausted science and medicine during the time he was suffering, but without the least benefit.—*Cor. Ec. Med. Journal.*



EDITORIALS AND MISCELLANEOUS.

NOTICE.—*Many of our subscribers have forgotten us in the matter of remitting their dues. Friends, please attend to this matter at once. We are obliged to have money to run the Journal. Our printers are Cash men.* W.

 **RECEIPTS** for subscriptions will appear in our next issue.

DEATH OF DR. SIMS.—Dr. J. Marion Sims died in New York, November 13th, 1883. Dr. Sims was a native of South Carolina, but finally settled in New York. He attained to great and deserved eminence in the department of gynecology.

NEW YORK, October 29, 1883.

To the Editors of the Southern Medical Record.

DEAR SIRs,—Will you kindly draw the attention of your readers to the following announcement regarding the United States Pharmacopœia :

Any person having purchased a copy of the United States Pharmacopœia of 1880, and desiring a list of the corrections since made therein, can procure the same by sending a two cent stamp to

WILLIAM WOOD & Co., Publishers,
Nos. 56 and 58 LaFayette Place, New York City.

SEE THE INSERT in this issue of **THE RECORD** of one of the oldest and most reputable manufacturing houses in this country—Wm. S. Merrell Chemical Company, who make a specialty of medicines of choice quality for physicians' use only ; and the enormous growth of their business is due to the care used in the selection of all the crude material used, and the accurate methods by which the most perfect preparations are obtained from the large variety of drugs manipulated in their Laboratory. The proprietors claim that their Green Drug Fluid Extracts are not theoretical creations of an over-fertile brain, for money making purposes, but are the results of thirty years of original investigation and scientific research. Messrs. Lamar, Rankin & Lamar, of Atlanta, are general agents for Georgia.

RENEWALS.

We shall expect our subscribers all to renew their subscriptions for the next year, and, unless specially directed to the contrary, will enter all upon the list for 1884. From all points we are complimented upon the practical character of our Journal—and there are hundreds who have persistently stuck to the **RECORD** during its entire existence of thirteen years, and who have uniformly testified to its superior practical value and usefulness to the practitioner.

OUR NEXT ISSUE.

Our December number will contain the Index of the present or 13th volume of *THE RECORD*. Few people are aware of the immense labor and expense required in preparing and publishing an Index. We are in the habit of making a very full one, and so numerous are the items in our Journal, resulting from its condensed and varied matter, that the subscriber who binds his volume at the end of the year, can find something practical and interesting upon almost any subject concerning which information may be desired.

WILL YOU HELP US?

We hope that our subscribers will all pay up and renew their subscriptions for 1884, and we ask our friends also to speak a kind word for us, and if possible send us one or more new subscribers. A word fitly and timely spoken will often induce a friend to take our Journal. *THE RECORD* has attained to great popularity with the busy practitioner, especially in the South and West. It is our determination to make it more and more popular by increasing its interest and usefulness. Let our friends continue to stand by us, and we will see to it that *THE RECORD* will more than maintain its present high reputation with the profession in our section and throughout the whole country.

INTEGRITY IN PHYSICIANS.

In all the papers and addresses that are being made upon the subject of Medical Education, and the training of young men for professional life, but little is said upon the importance, on the part of the medical man, of high moral conduct and integrity in his daily walk and life before the world, and of kind relations to professional brethren. If more of this sort of training was inculcated and impressed upon students by preceptors and by the colleges, there would be less talk and less complaint in regard to the violation of the ethics; for the code of ethics, in its true spirit and intent, is but the golden rule, or that physicians, in their conduct toward each other, should simply do as they would be done by.

When, as it sometimes happens in a community where a number of medical men reside, that more than half the number are men of no honesty or integrity of character; no regard for the rights or feelings of medical brethren, and no proper sense of their own reputation or of the dignity and honor of the profession to which they belong, we can expect nothing but jealousies and bitterness to prevail, with injury to the profession and to all who are connected with it in that community. It is policy, not less than correct principle, for physicians to cultivate the most friendly feelings amongst themselves, and so far from opposing or denouncing each other, to pursue invariably the opposite course; talk for each other, defend each other, and help each other in every possible and honorable way. If they will thus act, they will have more practice, more fees for consultations, will make more money, and by frequently mingling and talking with each other will the better enjoy life, and by the interchange of ideas and views make greater progress and accomplish more good in the practice of the profession.

TRANSACTIONS

Of the Medical Society of the State of West Virginia, sixteenth annual session, held in Grafton, May 16th and 17th, 1883. Instituted April 10th, 1867.

A book of 83 pages, neatly published, and kindly sent us by the Secretary, Dr. S. L. Jepson, of Wheeling, Virginia. The roll of membership numbers 140 names. The work contains the minutes and the following papers of interest :

- Annual Address of the President, Dr. B. W. Allen, of Morgantown.
- Report on Epidemic Diseases—By R. W. Hall, M. D., of Mannington.
- Report on New Remedies—By J. M. Lazzell, M. D., of Fairmount.
- The Germ Theory of Disease—By E. C. Meyers, M. D., of Wheeling.
- Abuse of Ergot in Obstetric Practice—By D. Porter, M. D., of Clarksburg.
- Insanity as a Disease—By George H. Carpenter, M. D., of Moorefield.
- Puerperal Fever—By S. L. Jepson, M. D., of Wheeling.
- Case of Intra-Peritoneal Hæmatocele—By R. W. Hall, M. D., of Mannington.

TRANSACTIONS.

Transactions of the Texas State Medical Association, fifteenth annual session, held at Tyler, Texas, April 24th, 25th, 26th and 27th, 1883.

For the above we are indebted to the kindness of W. J. Burt, M. D., Austin, Texas, Secretary of the Association. It is a neatly gotten up book of 315 octavo pages, and contains, in addition to the Minutes, Constitution, Roll of members, etc., the following interesting papers :

- Address of the President—S. F. Starley, M. D.
- Hæmaturi Miasmatica—Sam. R. Burroughs, M. D.
- Chronic Acid in Uterine Hemorrhage—W. F. Starley, M. D.
- Embryo Physician as a Specialist—T. H. Nott, M. D.
- Mineral Waters of Texas—J. M. Willis, M. D.
- Chloroform in Obstetric Practice—H. C. Gbent, M. D.
- Management of Placental Membranes—Alex. W. Acheson M. D.
- Cæsarian Section—Post-mortem—J. J. Burroughs, M. D.
- Summer Complaints in Children—S. W. Johnson, M. D.
- Puerperal Convulsions—J. L. Cunningham, M. D.
- Decadence of the Family and Forced Abortion, etc.—W. J. Burt, M. D.
- Resume of Surgery—A. P. Brown, M. D.
- Ulcer and Intussusception, etc.—J. D. Osborne, M. D.
- Antiseptic Surgery—J. M. Fort M. D.
- Difficulties of Tracheotomy—T. H. Nott, M. D.
- Treatment of Internal Hemorrhoids—Will. B. Davis, M. D.
- Sponge Grafting—Drs. Beall and Adams.
- Treatment of Ulcers, etc.—Wm. Penny, M. D.
- Laceration, Cervix, Perineum, and Cancer, etc.—T. J. Wagley, M. D.
- Hemorrhoidal Tumors—Meatus Urinarius—Arthur T. Wolf, M. D.
- Ovariectomy—J. J. Burroughs, M. D.
- Ovariectomy—S. F. Starley, M. D.
- Ovariectomy—T. D. Wooton, M. D.
- Uterine Polypi, etc.—J. C. B. Renfro, M. D.
- Congenital Absence of the Uterus, etc.—M. J. Birksong, M. D.
- Vesico-Vaginal Fistula—Hilliary Ryan, M. D.
- Progress of Ophthalmology—George P. Hall, M. D.
- Cataract Operations—R. H. Chilton, M. D.

BOOK NOTICES.

SOUTH-SIDE VIEWS—Dr. Whedon and the Fathers; also, Dr. Haygood's "Our Brother in Black." By Rev. W. J. Scott, North Georgia Conference. Atlanta, Georgia: James P. Harrison & Co., Publishers, 1883. Price, 50 cents.

We have been kindly presented with a copy of the above work by the author, who, for long years we have known and esteemed as a personal friend, and as a gentleman of marked ability as a writer and as a minister of the gospel.

As it is not a medical work and our space is limited, we will not attempt a full review, but recommend our readers to procure the work and read it, especially those who have read Dr. Haygood's book entitled "Our Brother in Black," and his late Chataqua speech touching the education of the negro.

As a critic, Mr. Scott, though fair and liberal, is yet keen, pointed and withering.

In one of the articles in the book he tells us of having provoked the wrath of Dr. Whedon, editor of a Methodist Quarterly, who "without a premonitory word came at him with the snap and snarl of an enraged tom cat." His handling of the said Whedon was tart, cutting and forcible, yet elegant in language.

His criticism upon Dr. Haygood's book and speeches is most timely and well put. His sentiments touching the unity of the races, social equality, negro education, etc., are forcible and true; and he strikes a deep and responsive chord in the Southern heart when he says—"What if, in the unequal strife of the civil war, we were overwhelmed by immense odds, God yet reigns, and the justice or injustice of our cause could not be decided by the arbitrament of the sword. Nor is the future glory of the South to be promoted by truckling sycophancy or unmanly concessions."

PAMPHLETS RECEIVED.

American Business Directory,—Containing the names of manufacturers, wholesale merchants, banks, bankers, etc., in the following named cities, to-wit: Baltimore, Boston, Brooklyn, Chicago, Cincinnati, Cleveland, Ohio; Detroit, Michigan; Kansas City, Milwaukee, Wis.; New York, Philadelphia, Pittsburgh, Pa.; St Louis, Mo. Published monthly by the American Business Directory Company. New York, 132 Nassau Street; Chicago, 133 La Salle Street.

Closing Exercises of the Practitioners' Course of Lectures, delivered in the spring of 1883, in the Hahnemann Medical College and Hospital of Chicago, Illinois.

A Catalogue of Medical and Surgical books, periodicals and transactions from the Libraries of two physicians, lately deceased, which are offered at very low prices, by Robert Clarke & Co., 61, 63 and 65 West Fourth Street, Cincinnati, Ohio.

Lecture XIV, at the College for Medical Practitioners, St. Louis. **Diagnosis of Ovarian Tumors**, by Edward Borck, M. D., 225 Washington Avenue, St. Louis, Missouri.

REMARKS ON HYDROPHOBIA—By Charles W. Dulles, M. D. Reprinted from the Philadelphia Medical Times of August, 1883.

ANNUAL REPORT of the Board of Regents of the Smithsonian Institute, showing the operations, expenditures and condition of the Institution for the year 1881.—Washington Government office, 1883. A Scientific publication containing many interesting facts and observations.

SPECIAL NOTICES.

PEARL, DAVIS & CO.—This magnificent Drug establishment, located at Detroit, Mich., have, by unremitting perseverance and faithfulness in all their business interests, obtained the confidence and good will of the medical profession throughout the entire country. They have accomplished much for the progress of Medical Science and largely benefitted mankind by the introduction of new and important Drugs. They are entitled to the thanks of the Profession, and justly deserve the high reputation to which they have attained.

Wm. R. Warner & Co.—This splendid Drug House, so widely and favorably known, both to the home and foreign trade, continue to maintain their high position. Their preparations are regarded by the profession everywhere as unsurpassed for purity and elegance. In respect to their quinine pills, so deservedly popular, the following certificate has been published:

PHILADELPHIA, PENN., December 22, 1882.

An analysis of seven samples of Quinine Pills, obtained without knowledge of the manufacturers, was made and published in the American Journal of Pharmacy by me, and those made by William R. Warner & Co., were found to be correct as to quantity and purity of Quinine.

HENRY TRIMBLE, *Analytical Chemist.*

DIABETES.—The attention of the profession is called to a new remedy for the successful treatment and permanent cure of Diabetes Mellitus, *GILLIFORD'S SOLUTION*, an aqueous solution of a combination of Bromine and Arsenious Acid. This remedy has also proved very useful in a variety of nervous affections. Manufactured and sold by R. H. GILLIFORD, M. D., Allegheny, Pennsylvania. In half-pint bottles, \$1.00 per bottle. Expressed on receipt of price. Sample free, except expressage.

Very Handy.—A full set of Ahl's Splints, containing a splint adapted to every fracture in the body can be bought at A. L. HERNSTEIN'S Surgical Instrument Depot in Atlanta at reduced rates, (\$25). Address, A. L. HERNSTEIN, Atlanta, Ga.

Surgical Instruments.—A branch house of the New York establishment of A. L. HERNSTEIN, has been established in Atlanta, and will constitute a convenient depot whereat anything in the Surgical line can be bought or manufactured. The Profession throughout the South should note this as an important indication of Southern progress, and should show their appreciation of the same by giving this establishment their encouragement and patronage.

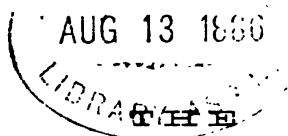
McKESSON & ROBBINS.—This great Drug Establishment of New York, has a wide and long established reputation as reliable and eminently successful business men. Their various preparations are of acknowledged excellence and purity, and are unexcelled for the neatness, taste and beauty with which they are presented to the trade. See their advertisement opposite 1st page of reading matter in this Journal.

More of **ELLIOTT'S SADDLE BAGS** are sold than all other patterns combined. One thousand have been shipped to different parts of the country since January 1st. The proprietor invites a thorough investigation and comparison of every Bag in the market. The U. S. Government did this in 1878, and adopted the **ELLIOTT**. Doctors that do the same thing get the standard article. Send for circular to
A. A. MELLIER, 709 Washington Avenue, St. Louis, Mo.

MARSHALLTOWN, IA., June 18th, 1883.

I received your samples of *Pinus Canadensis* in due time and have given them a good trial. Was so much pleased with them that I have ordered to-day, through the Chicago house with whom I deal, (Lord, Stoutenburgh & Co.), a supply for future use. Have had unbounded success with the *Pinus Canadensis* (dark) in Leucorrhœa and Gonorrhœa, and shall continue its use until I can get all the merits I can out of it.

ROSA UPSON, M. D.



Southern Medical Record:

EDITORS:

T. S. POWELL, M.D. W. T. GOLDSMITH, M.D. R. C. WORD, M.D.

R. C. WORD, M.D., Managing Editor.

All Communications and Letters on Business connected with the RECORD must be addressed to the Managing Editor.

VOL. XIII. ATLANTA, GA., DECEMBER 20, 1883. No. 12.

ORIGINAL AND SELECTED ARTICLES.

PROF. T. S. POWELL'S LECTURE TO THE MEDICAL
CLASS AT THE SOUTHERN MEDICAL
COLLEGE, ATLANTA, GEOR-
GIA, OCTOBER, 1883.

GENTLEMEN OF THE CLASS:

As the word farewell is considered to be one of the saddest of earth, so the salutation, "Welcome" thrills the heart of men with a glad and comfortable sense of greeting.

The warm grasp of the hand is more eloquent than words; the glad light in the eyes of a friend and the cordial smile on his lips, at your approach, are expressions for which there is no need of an outburst of language.

And yet, gentlemen, I say to you, "Welcome, most welcome!" to the Southern Medical College; and may you draw from its bosom all the nourishment, strength and vigor your Medical Alma Mata should give to her offspring.

I am truly glad to see before me the faces of so many students who were with us at the last session; both glad and proud, because their presence here again attests the fact that they are pleased with the Southern Medical College, and are faithful in their patronage of this institution. So, to them we give the greeting due

to tried friends, while we also extend the most cordial welcome to the many new matriculates that are with us to-day. I trust that our position towards each other, as instructor and pupils, may be of mutual pleasure and profit, without any discordant incidents to interrupt the harmony of the relation.

While I shall endeavor to give you faithful instruction in my department of medical science, I ask and believe that in return you will do justice to yourselves and the institution, by patient and persevering application to the study of your chosen profession. To it you owe supreme devotion ; so do not allow the pleasures of the world to entice you from the performance of your duties and obligations, but let your character as students and as gentlemen be without reproach in the eyes of your class-mates, your instructors and the public.

No doubt you all have loved ones at home who will watch your course while students in this institution, with that anxious interest which only can be felt by those who are nearer and dearer to you than any friends the world can give. Respect, then, their hopes, and their high anticipations for you in your enforced absence.

Have a reverence for the church your mother loves, and the God whom she serves ; and after a pleasant and profitable season among us, may you return to your homes in health, happiness and with good report in all things.

You have come, gentlemen, to prosecute your medical studies in a city whose marvelous growth, public spirit, energy and enterprise challenge the admiration of men throughout our sunny land. With an ever-aspiring spirit of emulation, Atlanta would have no competitor to surpass her in the highest achievements of progress and excellence ; so, while with us, gentlemen, there will be around you so many examples of a noble ambition, your mind and purposes should become instinct with their inspiration until you feel that if you, too, do not have these ardent aspirations in your especial life-work, you will be laggards in the race, and fail to reach the goal of successful emulation.

You are in a city that is rapidly advancing to its inevitable destiny as the cosmopolitan centre of the State and of the South. All around you are seen striking evidences of the vim and enterprise that led to success and great achievements.

The air about us is vocal with the inspiring notes of a vigorous and ambitious spirit of progress.

The scores of panting, ever-restless locomotives upon our seven railroads, leading into the very heart of the city ; the whirr of machinery in our numerous manufactories, and the numerous branches

of trade and commerce in our midst, tell with trumpet tongue to the world that the Gate City of the South, though young in years, is athletic in strength, and fast becoming gigantic in stature.

Its splendid public and private schools and numerous literary societies; its magnificent public library; its thirty or forty successful newspapers and periodicals, and its liberal, enthusiastic patronage of music and all the fine arts, bespeak the intelligence and broad culture manifest in that refined and elevated tone which distinguishes our social circles.

Ours is also a city of churches, well attended and generously supported; and Atlanta has the reputation of being the most moral city of its size on the continent. In addition to all these, we might speak of our broad and handsome streets, thronged with benevolent, generous and warm-hearted men and women, of our magnificent public buildings, and the many beautiful residences of the cultured and wealthy; then conceive all these admirable features concentrated in a city literally set upon more than "seven hills," with a climate mild in winter, temperate in summer, and yet so pure and bracing; and so free from malaria and the prevalence of epidemics, it is emphatically true that the locality of Atlanta makes it the healthiest city, perhaps, in the world; most desirable in all respects, and especially so as a commercial, social and educational centre.

Good men of all classes and conditions are, therefore, encouraged to come to Atlanta. Men of wealth and refinement may here increase their wealth, while they may find enjoyment in our high educational and social advantages, and in the almost unparalleled salubrity of her climate.

Professional gentlemen, scholars and scientists will here find congenial companions in the circles of learning, and ample facilities for prosecuting their studies.

The industrious man, the artisan, the mechanic and the laborer may here find a ready welcome, with abundant avenues open to advancement and success in any and every field of enterprise and of usefulness. To laboring men—more, perhaps, than to any other class—the mildness and healthfulness of the climate rendering it practicable to work at all seasons and throughout the entire year, Atlanta possesses marked and Superior advantages.

What more can be desired of a community and of a city than what we have truthfully stated in respect to Atlanta?

The SOUTHERN MEDICAL COLLEGE, an Institution which its founders have proposed from the beginning to make a shining light to the profession of the South, and the exponent of that

fuller knowledge and higher medical education which the progress of the age, the exigencies of the times, and the educated popular mind demand of both instructors and students in the science of medicine, has been wisely and happily located in this city.

It is designed to have this institution second to none as a medical school, and each year we are making rapid strides toward that goal of our hopes.

Our well-constructed and commodious college building, with its central position in the city, is convenient to all of our street railroads, hotels and many boarding houses, yet is sufficiently private for all purposes. Our large lecture-rooms, well-ventilated and lighted with gas, have all the requisite modern conveniences, and our chemical laboratory is complete for instruction in that important department. The hall of the museum is stored with the necessary anatomical preparations, curiosities, relics and specimens; and our dissecting-room, elevated, well supplied with water, and brilliantly lighted, is one of the best, if not the best in the union.

The Central Ivy Street Hospital, which is under the medical charge of the Faculty, affords exceptional opportunities for clinical instruction to the Class. To any intelligent mind, informed upon the subject, it is needless to speak of the great importance and advantages of this acquisition to the Southern Medical College, since practitioners and students will at once appreciate the importance of this method of instruction to those who are seeking a really thorough medical school.

The Hospital adjoins the college lot, making it easy of access, and enabling the Faculty to have cases brought from the hospital to the college and exhibited to the class. In this way the Faculty are enabled, during the whole session, to utilize every case to the best interests of the patients and of those receiving instruction at their hands.

With all these facilities, no one should be surprised at the rapid progress the College has made since it was opened four years ago; and we feel most grateful for the confidence and co-operation of the Profession, and the high estimate in which they hold the Institution. To merit that confidence and meet the increasing demands upon us, the Trustees and Faculty will spare no effort nor expense to enlarge our facilities and to make THE SOUTHERN MEDICAL COLLEGE an honor to the South, and to the profession at large.

The demand for teachers of first-class character and attainments in their respective departments of instruction, is one of the gratifying signs of the times. It shows that the popular mind is aroused upon the subject, and calls for instructors who are teach-

ers in the truest sense of the word—who have not only high scholastic acquirements in their especial work, but who possess the art of imparting their knowledge to the pupil in a clear, concise and practical manner, so there will be no difficulty in comprehending and retaining the instruction given. Knowledge thus acquired by the student will enable him to give his own demonstrations and utilize them to the best purposes by combining theory and practice in his work.

I will confess that but comparatively few instructors are endowed by nature with this happy art, but it can be cultivated and acquired to a great extent, and should be regarded as an indispensable qualification in a teacher.

A man may make a brilliant oration upon medical science, but it will prove of little value to the student of medicine unless another man comes after him and demonstrates what the former has merely expressed in ornate language, though replete it may be with thoughts of significance and beauty.

Another index of the exalted views to which popular thought is more and more directed, is the demand for *morality* in the instructor, and consequently a good moral influence upon the student. It should inspire the souls of men to note this reaching up from a low, earth-bound plane of action, to a higher and purer atmosphere in which to do man's work, and thus exalt the standard of the profession in its moral not less than in its scientific aspects.

He who will read these indications of the times, will see that the tendency is to educate the mind up to a love of order, beauty and symmetry, and to the highest excellence with all those pleasing features which are attractive to the true artist in any work, however practical that work may be. Hence the public, to a greater extent than ever before, is becoming disgusted with the coarseness and the immorality, the foulness and the hideous deformity which were too often apparent in the older methods of teaching.

With the exception of a minister of the gospel, no man should have a higher moral character than the teacher in any branch of instruction.

Any man who has not wholly lost his self-respect, is shocked to hear his son utter a profane oath, though he himself stains his lips and his soul with the sin. As a teacher's influence, in the close contact with his pupil, will go far towards elevating or bringing low that pupil's moral standard, a father, though a bad man himself, never prefers the teacher who will set his boy the example of drunkenness, profanity, gambling and other vicious habits.

Besides, no man's character can be rounded, complete and sym-

metrical unless he is of strict moral integrity, a true gentleman. Then he may be called a man, indeed, in all the grand and noble significance of the word; and he stands out before the world in bold relief, a beautifully carved figure of marble-white purity against the dark background of sin and vice.

Gentlemen of the class, allow me to urge this upon you—whether in private life, or in your profession: Try to have your character moulded into this statue of moral strength, and beautiful, symmetrical proportions. Keep this always in your mind, that every man is no better and no greater than he wishes to be; hence his character and his attainments are no lower or higher than are his aspirations and his efforts. *Strive to excel*; for even should you fail in some of your endeavors, the very act of making the effort will strengthen, purify and exalt your character as a man and a professional gentleman. But no good work is ever lost, and if not in the near future, sometime in the coming years you will gather the fruits of your labor, and have your reward.

In the profession you have chosen, you will bear a relation toward woman, as counsellor and preserver, which will reveal to you much of her mental and emotional nature, as well as her physical ~~fits~~; and when you approach this mysterious and sacred arcana, overshadowed by the very presence of the Deity you should come with a pure heart, clean hands and a reverent spirit. Then you will be fitted to become truly her friend, as well as adviser, as every man should be who ministers to the dual combination of woman's mental and physical idiosyncrasies.

I am glad that medical scientists are giving more thought and investigation to this subject. When we learn to make woman vigorous, healthy and buoyant in both mind and body, and, consequently, happy and useful in fulfilling her true destiny, then we become the benefactors, without a peer, of all humanity. I am certain that a great deal of woman's physical weakness and unhappiness is caused by men not understanding her needs and her nature.

At her worst, she is better than the most of men. and men should make it a business to study the wonderful phases of her womanhood, and ascertain how it is best to promote her health, happiness and usefulness in the important relation she sustains toward man.

It has been often said that good women make good men, but I feel assured that every wicked woman had some bad man for an example or a leader. You may cite the case of our first Mother,

and I will answer that we all know the Devil, in the guile of a serpent, was of the *male* persuasion.

I have known a woman who, for nearly forty years, tried to persuade her husband to become a good man, and he rejected her petitions every time. But when a man asks his wife, mother or sister to join him in living a better life, in nine cases out of ten she will follow his lead promptly and gladly, and with all her heart and soul. So, woman's nature, whatever its faults may be, is better and higher than that of man, and he can never be her equal until his life is assimilated to those higher and purer instincts which characterize the gentler sex.

Whether as an angel of compassion and mercy in the hovels of the poor, as a shining example of womanly virtues and accomplishments in social circles, as the loved and honored queen of home in the character of tender mother, devoted sister or faithful wife, woman is the promoter of the truest civilization, the conservator of morals and the vestal of her country's altars: in a word, she is the last wonderful *thought* of God, crystalized into a form of angelic loveliness, and sent to cheer and to bless, to guide and sustain, electrify and lighten the sin-darkened world of mankind.

All honor, then, to self-sacrificing and devoted woman. Young gentlemen, forget not, I beseech you, in the hard and fearful battles of life, the eternal obligations you owe to her who gave you birth, nurtured you in youth, and strewed bright flowers of love in your pathway to manhood: who stood beside your couch in sickness, and pointed your soul to the bright stars of Paradise that cluster around the Throne of God! Her smile shed a halo of glory around the days of your childhood, and her tears are the brightest offerings at the gates of the Celestial City; while her prayers in your behalf ever ascend, like incense, to Heaven. Remember, to have had a good mother is the stepping stone to honorable success in this life and an immortality of bliss in the life to come.

Phosphate of Codein.—The *Wiener Med. Blatter* for August 16th contains the mention of a new drug, the phosphate of codein, which has been prepared by Merck, of Darmstadt, under the direction of Professor Hegar, of Freiburg. It is intended for hypodermic injection, for which neither the sulphate nor the chlorate are suitable, being nearly insoluble in water. The new salt is soluble in four parts of water, and contains seventy per cent. of codein. It crystallizes in four-sided columns, and is similar to morphia in action, with the advantage of having less tendency to excite toxic symptoms. It is particularly suitable for sensitive patients.—*N. Y. Med. Rec.*

A REMARKABLE CASE OF FIBRO-CELLULAR AND CARTILAGINOUS TUMOR.

BY JNO. THAD. JOHNSON, M D.,

Professor of Principles and Practice of Surgery in the Southern Medical College,
Atlanta, Georgia.

The case of which a cut is here presented, is probably of sufficient interest to justify me in placing it before the profession.



The tumor was removed October 17th, 1883, at my surgical clinic at the Southern Medical College, the patient having been admitted to the Infirmary connected with the college.

The patient is a negro man twenty-one years of age. The tumor, then very small, was first discovered when he was ten years of age. Its growth, after that time, was slow but steady. It was never attended by pain, further than that of an occasional superficial inflammation, set up by irritation of clothing, exercise, or sitting.

The tumor hung well down toward the knee; and furnishes a very good imitation of a tail, as if to give body and strength to the imagination of the Darwinites. It was flattened out very similar in shape to the tail of a beaver. The transverse diameter varied from 5 to 7 inches. Its

thickness (antero-posterior) was about, or nearly, three inches in the upper portion, one and a half in the central, and somewhat

thicker as we approached the extremity. Measuring around the tumor in its longest (vertical) diameter, gave us thirty-three inches. The weight of the portion removed lacked a fraction of four pounds.

The growth was cartilaginous and fibro-cellular. Occupying the most of the upper third or half of the sac (or bag), was an aggregation of irregular cartilaginous nodules. To external manipulation these well-simulated a fœtus of about four months; and the similarity to the touch at once suggested itself to all who examined it. More than one prominent physician (for the patient had "run the rounds") suspected that there might be therein the product of an imperfect twin conception, or monstrosity.

Extending upward from this nodular cartilagenous mass, was a cylindrical process of the same structure, which, in the operation, was finally traced in its attachment to the sacro-ischiatic ligaments. Before incising, it seemed to be firmly adherent to the tuberosity of the ischium itself. It also gave me some reason to be prepared for an extension between and beyond the sciatic ligaments into the bony pelvis.

The tegumentary part of the tumor partook somewhat, in its physical characteristics, of elephantiasis. A closer dissection showed it be fibro-cellular. The connective tissue was much thickened, with the fibrous elements largely increased. There was but little adipose development, though the lower part of the growth suggested, under manipulation, such a character. A number of fibrous growths were interspersed throughout the cellular hypertrophy. These were distinct, though firmly attached to the integument and cellular tissue.

In the removal, an incision was made encircling the mass three inches below the gluteal surface. Turning the flaps up, a rather tedious effort was made toward tracing the cartilaginous rope already spoken of, to its origin. This was finally severed from the margin of the sacro-ischiatic formation by combined cutting and tearing. No large vessels were encountered, though several required the ligature. One of these was in the cartilaginous prolongation; the others were in the thickened cellular tissue.

After ample time for arresting the oozing of the smaller vessels, the flaps were brought together by silk and wire, supported by plaster. The line of union was, when on the stretch, nearly 14 inches in length. Carbolyzed cloths were placed over all. About one-half of the cut surface united by first intention. Considerable suppuration occurred in the inner half of the flap. This portion of the skin extended toward and was continuous with the scrotum,

and was very much hypertrophied. Free drainage was provided for. The patient progressed to a cure without serious symptoms.

We may remark on the unusual *length* of the tumor. There was no weight at the extremity to drag it to so remarkable an extent. The heavy part of the growth, indeed, was above. This cellular extension seemed to grow downward, of its own accord, as naturally as a horse's tail would grow. There was no constricted pedicle at the base.

I must ask here to acknowledge the very efficient assistance, in the operation, of Professors Roy and Nicolson and Dr. Divine, and Mr. Butler, with possibly other students of the class.

December 8th. I am now able to report that the wound healed kindly. Before union was completed, however, the integument adjacent to the line of incision began to thicken, or take on hypertrophy, very rapidly. Indeed, this growth, while not subjected to the microscope, seemed to be a true elephantiasis; more marked, even, was the resemblance than it was before the operation, as above described. This growth soon attained the size of two small fists. On the date just given I have cut away the redundant integument as nearly as possible; but I very much fear even this removal will not put a stop to the abnormal growth of skin.

In this second operation I could not find any recurrence whatever of the cartilaginous structure; nor was there any renewal of a distinct fibroid mass either in the skin or cellular tissue; but, instead of the normal integument, an hypertrophied mass of nearly two inches thickness.

Atlanta, Ga., November, 1883.

SOME THOUGHTS CONCERNING OLD REMEDIES NOW CONSIDERED ALMOST OBSOLETE BY PHYSICIANS—TARTAR EMETIC, FOR EXAMPLE.

BY HARVEY L. BYRD, M. D.,

President and Professor of Obstetrics and Diseases of Women and Children in the
Baltimore Medical College, Baltimore, Maryland.

Whilst the present age may be considered generally as a progressive one, and in a great many respects is really such in fact, as may be seen in the numerous accessions that have been made in the various arts, and in many departments of science likewise, which are seemingly permanent additions to what was known before; and, therefore, calculated to benefit mankind in various

ways, yet so far as it relates to the medical profession it cannot be properly regarded as a utilitarian one, certainly not in the broad acceptation in which some have thought proper to apply that term to the advancements taking place in the latter half of the nineteenth century. Hence we pause to consider that it is lacking in conservatism, in our calling at least, in a conspicuous degree.

The adaptation of means to ends that so generally marks discoveries as they are utilized from day to day at the present time, in a manner and to a degree probably never equalled before in the various arts and sciences, including medicine, would seem to indicate that an attempt like this to revive an old remedy and bring it prominently before the profession would be truly "a work of supererogation."

But when the thoughtful mind reverts to the great benefits it has seen result from tartar emetic, and contemplates and compares the action of the remedies that have been substituted for it and the results obtained, there will be found sufficient reason to "give us pause," and to ascertain whether our great zeal in behalf of *new remedies* is not causing us to drift away from that which is good to that or those remedies which are no better at least than it is, and whether or not the tendency of the profession is to ignore many other old remedies and useful experiences of past ages, and press them to the rear, where they have not been actually forgotten, when making plans for new discoveries or new facts in the healing art.

Again, it may be observed of a few modern remedies even, or those of comparatively recent introduction, that the tendency in some instances is to permit them to fall still-born ere sufficient time is given for their proper development or utilization, because unsupported by the sanction of a great name, in order, seemingly, to afford larger space for others that appear to offer more brilliant prospects of usefulness to the profession or a wider fame to the discoverer.

Whilst always ready to remove obstructions and to facilitate progress and discovery by all proper means I often think that more enduring and substantial results would be certainly reached if we could delay just long enough to "prove all things and to hold fast only to that which is good" in medicine, as is done in almost all the other departments of human affairs.

I am emboldened to step to the front in the advocacy of tartar emetic, from seeing the good effects upon the profession that followed an article I had the temerity to publish in the Medical and Surgical Reporter of Philadelphia, in 1872, entitled Blood-Letting in Disease.

I am thoroughly satisfied, after four decades of experience as a physician engaged in active professional work, that, next to blood-letting, the tartrate of antimony and potash is absolutely without a peer or rival as an antiphlogistic agent in our therapeutic resources, and that it may, in some cases, be substituted for blood-letting, even, without detriment, when certain circumstances or

conditions do not absolutely demand the use of that old and peerless remedy in inflammation.

I am conscious of the import of the language I am using, and desire that I may not be misunderstood in regard to it. And I wish to add, still further, that, like blood-letting, the necessity for its use in practice is now as great as it ever was at any time in the history of the article. After venesection, in acute inflammatory affections, I have found it produce its most strikingly marked beneficial effects, and feel fully warranted in saying that the most skeptical member of the profession would not doubt its wondrous power for good could its action be observed in a single case. But, as already stated above, its field of usefulness covers absolutely all cases of febrile and inflammatory affections that are unattended with inflammation or considerable irritation of the gastric mucous membrane. Those conditions only contra-indicate its internal employment in any form of disease whatsoever, or in any pathological condition attended with a full or even moderately tense and quick pulse, with dry skin and paucity of the secretions generally. It will be seen from these statements that, with the single exception of calomel, it is capable of doing good in a larger number of diseases than any other remedy in the hands of the medical practitioner. With these remarks I might conclude this paper, and, were I not aware of the fact that there are a large number of practitioners who have never used the article at all, would probably be inclined to do so. But for the use of such, and of those who have permitted other and more recent articles to monopolize its place in their therapeutic resources, I feel that the interests of science demand that a few more words should be added regarding its mode of administration, etc.

In doses of from one-eighth to one-tenth of a grain, alone or in conjunction with opium or one of its salts or preparations, I expect good results from it when given as an antiphlogistic or antipyretic, expectorant, diaphoretic, diuretic, or as an alterative. I never prescribe it as an emetic, unless no other article of that class is convenient, and am not prepared to speak of its *tolerance*, as mentioned by Rasori many years ago, in acute diseases from personal experience. Thus, I find it a valuable agent in most forms of fever, in bronchitis, in pneumonia, in croup and laryngitis, in torpid conditions of the liver, in certain chronic cutaneous diseases, and in sick headache, etc. It is as valuable in lessening the force and frequency of the circulation as veratrum or aconite, and, being tasteless in the proper dose, is almost absolutely free from disagreeable or unpleasant effects, and thus is generally preferable to either of them.

The foregoing strong commendation of tartar emetic in this paper will be endorsed, I feel quite sure, by those practitioners who would preserve the old landmarks in our therapeutics, and are unwilling to drift too far away from the moorings of well-tried experience, merely to follow fashion or for the sake of novelty in practice. And if it should prove the means of adding a most valuable and trustworthy article to the therapeutic repertory of a

physician unaccustomed to or inexperienced in its use in the treatment of his patients, another most important object will have resulted from its preparation and its publication in the Medical Times.—*Medical Times*.

ON THE SO-CALLED EQUINE SCARLATINA.

BY FRANK S. BILLINGS, VET. SURG., BOSTON.

I have been asked to write a paper on this disease. *There is no such disease.* It has been, and is still, the misfortune of veterinary medicine to be a sort of tail attached to human medicine, a parasite which depends on the latter for strength and support. In the early days of veterinary medicine the nomenclature of the human branch was transferred without reflection to the diseases of animals, as the micro-pathological anatomy of the organs of man has been, and is to-day.

Then we have the "measles" of the hog. Who would for a moment think this was not measles at all, but a cysticercus invasion? We speak of "hog cholera," which bears no relation to the human disease; of the "typhus" of various animals, when nothing resembling the typhus of man, in its peculiar microscopical phenomena, has ever been seen. "Typhoidal" phenomena are common enough in all species of animals, but not those peculiar to typhus.

Veterinary pathologists (we never had one—though many books have been written, we never have yet had a logical, skeptical thinker, as a writer on pathology in veterinary medicine) have yet to learn what constitutes the essentials that should give an animal disease the same name which it occupies in human nosology. To give an animal disease the same name attached to a human disease which it resembles, it must have:

1. The same cause, and be equally transmissible between man and this animal species.
2. Having the same cause, its genus must be similar.
3. The principal points of its pathological anatomy must be similar.
4. It must be similar in course and termination.

These may not be all the points of resemblance, but they are the cardinal ones, and are only slightly modified by the varieties of constitution, anatomical structure of parts, etc. For instance, pneumonia is pneumonia wherever you find it, and so of every organic disease, and in general we have pretty nearly the same varieties in animals as appear in man; but it is singular that the different varieties which occur, under varying circumstances, in man never appear in the same course in our animals, viz.: Broncho-pneumonia is the rule in the horse, cheesy pneumonia in cattle, and catarrhal pneumonia in the dog.

As to "*scarlatina*," to be such in fact, the first necessity would be that it was transmissible in some way from man to the horse, and *vice versa*. This is not the case. It has not one characteristic

in common with the disease in man, except that there is a cutaneous eruption. The name has been entirely dropped from *all* the modern continental works on zoopathology, and *never* appears in any of the medical periodicals except those of English origin.

What is known as "scarlatina" is either a condition following on the "influenza diseases," or a new malarial complication due to some new contagium, which the anticipating disease had prepared the way for. It is nothing but a modified form of what is known as "purpura" in English veterinary works, and occurs under exactly the same conditions.

My exact meaning will become clearer to medical readers if I quote from Williams, the best English author. He says:*

"A febrile disease, characterized by an eruption of the skin, petechial spots on the nose, soreness of the throat, and *sometimes* suppuration in different parts of the body, particularly the sub-maxillary space."

"Unlike the scarlatina which attacks man, it is a non contagious disease, generally attacking but one or two horses in a large stud, among which some form of epizootic disease is at the time prevalent."

"Scarlatina is usually associated with epizootic catarrh, and occurs in animals that have been for some days suffering from that disease; and the production of such an alteration in the blood as induces the scarlatina is due to defective ventilation or stable drainage, or to overcrowding, by which the air becomes loaded with decomposing animal matter. Sometimes a weak constitution will convert a catarrh into scarlatina, and the severity of an epizootic disease may alter the blood and give origin to scarlatina."

This is from an author who has been called a "world-renowned pathologist." If it is pathology, if there is a grain of logical sense in it, except that the *condition* the author calls a *disease* comes as a sequel of something else, then I do not know the use of language.

The A B C of zoopathology has yet to be written.—*New York Medical Journal*.

ON THE LOCAL TREATMENT OF ERYSIPELAS.

By JOHN KENT SPENDER, M.D., LOND.,

Physician to the Mineral Water Hospital, Bath,

This subject deserves every attention, and the readers of the British Medical Journal ought to be thankful that it has been so often discussed. But the question of etiology is, perhaps, not always clearly grasped, although it must determine to a large extent the type of the disease, and its successful management. Take erysipelas of the scalp, for instance; a superficial erysipelas is a very innocent thing, and easily controlled; but there is hardly a more dangerous malady than traumatic erysipelas of this part, accompanying profuse suppuration in the connective tissue between the occipito-frontalis muscle and the cranium. Again, if the sanitary arrangements of a private house or of a large public institution be

defective, there may be frequent epidemics of facial erysipelas and of enteric fever, either separately or conjointly, as happened in the Somerset Lunatic Asylum in 1879 and 1881.

But if surgical and hygienic agencies can be safely put aside, it may be acknowledged that the local treatment of erysipelas deserves a large amount of professional care and discrimination. Call it by what name we like, it is essentially a spreading dermatitis, which may cause peril by the extent of cutaneous surface involved, or by the degree of constitutional irritation which may be provoked. It is not often that we have a quasi-inflammation so completely under therapeutic command. Iodine may be useful if there be any suspicion of a pyæmic complication; but, for the so-called idopathic erysipelas, I cannot speak too highly of the free and frequent application of a solution of tannin in equal parts of spirits of wine and water, as recommended by Dr. Braithwaite in the *Journal* for April 30th, 1881. This solution is quite as beneficial when erythema approaches erysipelas in local and general severity. I give the bare outlines of two cases:

1. A lady, a little past middle age, had a sudden attack of erysipelas all over the left thigh and leg after a trivial injury. The general health was tolerably good. About a dozen "paintings" with the solution of tannin were sufficient to drive away every trace of the disease. The skin swollen presented a shrivelled look.

2. A maiden lady in middle life, entrusted to my care by Mr. Clouting, of Thetford, suffered from erratic erysipelas on the face, after exposure to cold, in October, 1881. The tannin solution was very successful, and a recent letter from Mr. Clouting tells us that the lotion has been frequently used during the last twelvemonth with the same good result.

Tannin completely dissolves in equal parts of water and spirits of wine; and, when applied to the skin with a camel's hair brush, a delightfully cool feeling follows from evaporation. A proper strength is six grains to the drachm of fluid.

One of the great literary wants of our profession is, a first-rate monograph on erysipelas in its medical and surgical aspects. Just because it has these two aspects, the subject has rather "fallen between two stools," although handled with more or less ability in various dictionaries and encyclopædias. But there are several points in its pathology and treatment on which most medical men would like to have new and trustworthy teaching.—*British Med. Journ.*, Dec. 9, 1882, p. 1147.

USE OF APOMORPHIA IN CASES OF POISONING.

BY AMAND ROUTH, M.D., B.S., M.R.C.P., LOND.

Those liable to be called to cases of poisoning are always glad to have an agent handy which, not in itself lowering, will produce prompt emesis, especially in those cases where the jaws are rigidly clenched and the stomach pump absent or inadmissible. This agent,

I am sure, we have in apomorphia, an alkaloid which Dr. W. Murrell has brought before the profession. Though a derivative of morphia, it has no narcotic effects in the doses required to cause emesis. Dr. Murrell recommends it to be kept in a solution of 1 in 50 strength, and to be given subcutaneously in doses of from $3\frac{1}{2}$ to 10 minims (1-15 to 1-5 grain.) Emesis occurs in from two to five minutes, the contents of the stomach being usually voided in one rush without previous nausea, but with violent and visible muscular action of the stomach walls. The following two cases will serve to show its utility.

CASE 1.—I was sent for to see Mrs. S——, who was said to have swallowed a white powder and to be then dead. I found her on the floor, doubled up, jaws and hands clenched, blood and froth at mouth, respiration seemed absent and pulse barely perceptible. She had not vomited. Though evidently dying, I injected five minims of the above solution into her arm, keeping my hand on the pulse. It two minutes and a half by the watch the stomach evacuated its contents with a rush, whilst the pulse seemed to rally for an instant and then finally ceased. Oxalic acid was proved to have been the poison used, and at the post-mortem about two drachms only of fluid were found in the stomach.

CASE 2.—A lady, a dipsomaniac, had obtained access to the wine cellar, and had swallowed straight off two bottles and a half of brandy. She then put the corks in her pocket, hid the bottles, put on her clothes and went out for a walk with her footman. She walked quite steadily for three hundred yards, when she dropped down insensible and was carried home in a cab. On arrival, ten minutes after, I found her comatose, not able to be roused, respiration stertorous and infrequent, pupils dilated and insensible, jaws clenched, pulse slow and intermitting, two or three beats in every eight. Her stomach was full of fluid. I injected $3\frac{1}{2}$ drops of the solution, and in exactly three minutes and a half about a pint of alcoholic liquor was expelled, and altogether in about five minutes a quart (measured) of hardly altered brandy was vomited. The pulse and respiration now improved, the pupils becoming slightly sensible, and I left her for two hours, by which time she could be roused temporarily. After twelve hours' sleep she awoke none the worse.

Apomorphia fails to cause emesis during chloroform narcotism, but no other drug seems to be antagonistic to it, and there is no reason why it should not be used to get rid of even morphia itself. In the dyspnoea of chronic bronchitis, emesis from apomorphia produces temporary relief. If only the certainty, rapidity and absolute safety of apomorphia were known, it would undoubtedly form part of every practitioner's paraphernalia.

[Dr. Routh has since (*Lancet*, Dec. 30) received a note from Dr. Murrell stating that it was Dr. Gee who first introduced the use of morphia to the profession.]—*Lancet*, Dec. 23, 1882, p. 1073.

BI-CHLORIDE OF MERCURY IN DIPHTHERIA.

BY MADISON REECE, M.D., ABINGDON, ILL

During the past two and a half years, I have used, exclusively, in the treatment of diphtheria, the bi-chloride of mercury in large and frequent doses. My attention was called to its use by reading the address of Dr. Wm. Pepper, chairman of the Section of Practical Medicine, before the American Medical Association for the year 1881. The statements therein made interested me to such an extent that, having on hand two cases of this disease of a malignant form, I determined to try its efficacy.

Up to this time I had found (as who has not?) true diphtheria one of the most fatal forms of the disease that could be encountered. I had used the usual remedies, so far as I could observe, without any effect upon the progress of the disease, and had arrived at the conclusion that in the worst forms of the disease the patient would die with or without treatment, but since adopting the method of treatment to be described, I have not felt the same anxiety as formerly, when called to a case.

To this date thirty-five cases have been treated in this way, with three deaths. Two of these deaths were the first cases referred to above, and although they ended fatally, I was thoroughly convinced that the remedy had special power to combat the disease, and I now believe that with my present experience in the use of this remedy, I could have saved one, if not both of these patients.

My method of preparing this medicine is to dissolve one grain of the bi-chloride in four ounces of rain-water; then, if the patient is old enough to gargle and rinse the throat and mouth, he is to do so every two hours, and immediately afterwards to take a teaspoonful internally. If the disease be of a severe form, it should be administered in this way every hour. The above dose is calculated for a child of five years of age. I have often used the same amount for a child of two years of age.

It will be observed within fifteen or twenty hours that the exudations on the tonsils and palate will begin to fade away and in a few hours more rapidly disappear. If then, unfortunately, as I found by experience in my early use of the remedy, the medicine be discontinued, the exudation will rapidly re-appear, to be again dispersed by a return to the treatment, so that it is necessary to continue for a week, or even a longer time, the use of the medicine, not in such large and frequent doses, for it is observed that as soon as the patient shows signs of becoming better, the effects of the bi-chloride are shown by nausea, or vomiting, or purging. But so long as the system seems to be laboring under the diphtheritic poison, these effects are not manifested.

We shall not attempt to give the *rationale* of the action of this medicine, but will only call attention to the fact that it belongs to that class of remedies which is rich in chlorine, and to which phy-

sicians have resorted for many years in the treatment of this affection, such as the tr. of the chloride of iron, chlorine water, chlorate of potassium, and here the bi-chloride of mercury. Also in view of the strong germicidal qualities of this substance,, as recently demonstrated by Dr. Sternberg, we may reasonably suppose it has a destructive effect on the bacteria that swarm in the exudation in the throat and surrounding structures.

To show that this remedy in diphtheria seems to be appreciated abroad, I quote from Dr. Sternberg's article in the April number of the American Journal of the Medical Sciences, page 337 :

"A medical friend who has just returned from Vienna, informs me that mercuric bi-chloride is at present the favorite remedy in that city for diphtheria.

My friends and neighbors, Dr. H. Judd, of Galesburg, and Dr. W. G. Piersol, of Hermon, have used this remedy in their practice with the most satisfactory results.

In conclusion, I would request those who may make a trial of this treatment to communicate the result to the Journal, or if not wishing to do so, to the writer.—*Four. Ame. Med. Assn.*

ON THE REMOVAL OF THE PLACENTA.

Prof. Dohm (Deutsche Med. Wochenschrift) gives the result of his observations in the Königsberg Hospital, especially with regard to Crede's method, as follows :

1. In 1,000 cases of labor where the removal of the placenta was left to nature, the results were far better than in 1,000 other cases where Crede's method was employed.

2. The 1,000 cases of labor where the placenta was discharged spontaneously had markedly less hemorrhage, retention of membranes and puerperal fever. Those that were treated according to Crede's method suffered to a considerable extent from troubles with the membranes, and in consequence there were many fatal puerperal affections.

3. Those cases where the placenta was removed in the first five minutes after birth by the Crede method, were the most liable to these affections. Those that were left longer before such extraction was attempted did better, but still remained considerably in excess of those where this was left to nature.—*Four. Med. Association.*

[Thus we see that "medlesome midwifery is bad." There is too much interference with the processes of nature in these times. Too much is attempted, not only in obstetric practice, but in all other departments. Patience, prudence and common sense are highly important elements in the make-up of a good practitioner. —Ed.]

W.

ABSTRACTS AND GLEANINGS.

Tartar-Emetic in Skin Affections.—A Surgeon of St. Mary's Hospital (British Med. Jour.) writes :

Tartar emetic, or tartarated antimony, is the preparation I have used in these investigations the largest dose being 1-32 of a grain, or seven and one-half minims of the vinum, only half of the minimum dose of the British Pharmacopœia. I must mention that in all cases in which the effect of the drug has been watched little or no local treatment has been used.

I will state now in as concise a manner as possible, some of the more important diseases in which I have used the drug, leaving a more complete and detailed account for another opportunity.

Eczema.—It is now several years since my colleague, Dr. Cheadle, pointed out to me the value of antimony in the treatment of the acute form of this disease. In the majority of the cases which have come under my care, its beneficial effect has been both marked and rapid. In the acute general eczema of adults, which usually commences somewhat suddenly by heat and burning on the flexor surfaces, and on the other characteristic positions, and is soon followed by abundant exudation of clear fluid, and in the form known as eczema rubrum, I generally begin with four or five minims of the vinum antimoniale three times a day, increasing the dose gradually up to seven minims. After a few doses the exudation ceases, and the local irritation is much relieved ; but, in order to prevent a relapse, it is necessary to continue the treatment until all traces of the eruption have disappeared. In acute eczema of children, the dose should be in proportion to the age of the child—half a minim or less up to six months, and one minim or less up to a year. As a rule, I have found both children and adults bear these quantities well, neither sickness or diarrhœa being produced. In the case of aged persons, however, the dose should not exceed three or four minims to begin with, as diarrhœa may result from the administration of a greater amount.

In the subacute forms, both of children and adults, similar doses, but continued for a longer period, are necessary. In chronic eczema, especially when localized, the use of antimony is less often successful ; but even in this troublesome form, it relieves the acute exacerbations, and is occasionally followed by cure when other methods of treatment have failed.

In eczema impetiginodes of children, I have noticed little benefit from the drug till the scabs have been removed, and formation of pus checked by local treatment. Simple impetigo contagiosa from a local cause is not included in this category.

In various forms of so-called lichen that occur in children, I have found antimony in the previously mentioned doses of the greatest value in relieving the irritation—a feature in which it resembles arsenic.

Prurigo.—In this troublesome affection, frequently met with in our out-patient rooms—the relation of which to the severe form

known on the Continent as Hebra's prurigo, Mr. Morratt Baker pointed out at the International Congress of 1881—antimony is of great use. Three or four minims of the vinum, continued over a long period, allays the itching to a large extent, and often prevents the relapse of eczema. In several cases, after arsenic, iron, iodide of iron, cod-liver oil and numberless other tonics had been tried, antimony was the only drug that produced any benefit whatever. When given in the before-mentioned doses continuously for more than a year, I have never seen sickness, diarrhœs, sweating, or debility; but, on the contrary, the appetite improves and the weight increases. I have not had the opportunity of trying the remedy in a patient older than 18½ years, suffering from this disease; but in one particular case of that age the benefit was most marked while the drug was being taken.

Sycosis.—I have given antimony in five well-marked cases of this disease; in four, it did not seem to produce any effect, either beneficial or otherwise; in the fifth, there was considerable improvement after the vinum had been taken a fortnight in seven-minim doses. It seemed to relieve the pain and burning; but, although the remedy was persevered with for over three months, the improvement was only temporary. The local treatment while the drug was being administered was olive-oil or vaseline. In none of these cases was there any bad effect; no depression, diarrhœa, sickness or sweating.

Urticaria.—In a few cases of chronic urticaria, I have found antimony, like arsenic, of service in checking attacks, so long as the remedy was continued.

Psoriasis.—Though, in the majority of cases of psoriasis, arsenic is to be preferred to antimony, I have elsewhere called attention to the fact that, in certain persons, arsenic not only fails to relieve, but even aggravates the disease. I have, in some of these cases, tried antimony, and have noticed that in a few instances improvement took place, while in others it seemed to have no effect.

I have been obliged to condense the facts in this paper into very brief space, but two points I wish especially to lay stress on: first, that tartar emetic—in doses of 1-240 to 1-32 of a grain, according to age—can not only be tolerated, but seems to have a decided tonic action; secondly, that it proves useful in those acute forms of skin disease that are usually aggravated by arsenic.

New Operation for Prolapsus Recti.—Dr. D'Antona has performed, with success, the following operation on a woman: Seizing the prolapse with four Billroth's pincette's, and forming thus two cylinders of the rectal canal, he introduced one catgut suture into both cylinders and then into the margin of the anus. Another suture is passed through the middle part of one cylinder, carried through the Douglas sac, and the perirectal tissue, returning to the other cylinder. The patient is discharged, cured in fifteen days.—*Med. and Surg. Rep.*

The Physician.—A poem by Hugo Erichsen, read before the Delta mu Society of the University of Vermont:

Hail to the doctor, on he toils
In happy and in weary days;
His enemy, grim death, he foils,
And full of hardships are his ways:

They lead from scenes of agony,
To scenes of joy and happiness;
From deathbed, which is irony
Upon the doctor's helplessness,
To cradles filled with human buds,
Which will become the flowers fair
That fill the world with happiness
Or scatter poison everywhere.

Within his bosom, hidden, lie
The secrets by his patient told,
And vainly would a person try
To make him tell, by force or gold.

He soothes the pain and heals the wounds
Made by disease or furious foe,
Or by Time's swift pursuing hounds,
Who bite the men unless they go

Their way is toward the distant end,
O'er stony path with restless zeal;
Nor can a friend assistance lend
To keep the hounds from off their heel.

You smile, and don't believe the tale
Of that wild everlasting race:
Look at the old, for every bite
There is a furrow in their face.

The book of history is o'er filled
With names of heroes, crowned with fame,
Because in battle they have killed
Their fellow-beings: such makes fame.

Not so, the doctor; he saves life,
And in the fever-stricken land
He shows what heroism is;
And through disease, with steady hand,

He leads his patient. "All is safe,"
He finally whispers, glad the more
That he has saved another life.
"God bless the doctor o'er and o'er."

—*Fort Wayne Med. Jour.*

Specific Treatment of Typhoid Fever.—A writer in the Medical Investigator gives the following as the so-called specific treatment of this disease :

In typhoid fever, when the pulse is 90 to 100 soft and small, give aconite, gtts. v to viij, water oz. iv; dose, a teaspoonful every one or two hours. If the pulse is full and hard, use veratrum in place of aconite; if the pulse is medium, full and hard, use aconite and veratrum combined. This will control the circulation, and we can readily bring and keep the pulse down to 75 and 80. This will also keep down the temperature. If there is nervous irritation with pain in the head, papillæ on tongue elevated, add rhus, gtts. x, to the sedative. If the patient is stupid, dull eyes, pupils dilated, add belladonna, gtts. v to x, in the sedative in place of the rhus. If the face is flushed, with determination of blood to the brain, add gtts. xx of gelsemium to the sedative. But remember, never give gelsemium and belladonna combined, as they have a specific distinct action and effect. These remedies, when well selected and properly administered, will have a nice effect in controlling febrile excitement.

But perhaps the most important part of treatment in this fever is to neutralize and eliminate the blood poison, and just what that blood poison is, the profession has not clearly determined, but is a blood poison whatever it may be, and the lesion is in the Peyer's glands in the small intestines.

The appearance of the tongue will readily point out the remedies. If the tongue is broad, pallid and white-coated, which is observed in some cases, give five grains of sulphite of soda every three hours, alternating with the sedative. If the tongue appears pale-red, give the nitro-muriatic acid diluted, gtts. v in water every three hours. If the tongue has a purplish-brown color, give baptisia oz. ss. to water oz. iv, a teaspoonful every four hours.

One of these last remedies is specifically indicated in every case and will neutralize the blood poison.

The above is the general outline of specific medication. Of course I would keep the bowels controlled, and kidneys, liver and skin, in good, active condition, and perhaps give some stimulants, with quinine inunction, if indicated.

I could readily explain why these remedies help in curing the disease, but it would take up too much space.

The last five years I have treated a number of typhoid fever patients on this line of treatment, and the result is very satisfactory, and can cheerfully recommend it.

Glycerine internally administered (Dr. Tisne, *Gaz. des Hop.*), exerts a beneficial effect upon nutrition, increasing the weight and palliating many of the distressing symptoms in phthisis, such as loss of appetite, diarrhœa, night-sweats and insomnia. Its action upon the liver is manifested by an increase in the size of the organ and a more abundant flow of bile. It has a diuretic effect, and increases the excretion of urea, the chlorides and the phosphates. The alkalinity of the urine is diminished, and if any pus be present in this it is greatly lessened in amount.—*N. Y. Med. Jour.*

The Antagonism between Paraldehyde and Strychnine.

—Professor V. Cervello has examined paraldehyde, which he recommended in an earlier contribution as a substitute for chloral hydrate, (and which has since been more thoroughly investigated by Morselli and Albertoni,) in reference to its efficacy in strychnine poisoning. From experiments on frogs and dogs, he comes to the following conclusions:

Animals to which fatal doses of strychnine have been administered may be rescued by non-fatal doses of paraldehyde, which not only prevents death, but also the appearance of the symptoms of strychnine poisoning.

Narcosis by paraldehyde is the same in animals poisoned by strychnine as in those in a normal condition. The temperature and frequency of breathing always become less, and the reflex action weaker.

Paraldehyde overcomes strychnine poisoning in doses not nearly sufficient to produce narcosis. Previous administration of strychnine delays the narcosis of paraldehyde, but its course undergoes no modification.

Paraldehyde hinders the increase of the blood-pressure caused by strychnine.

With frogs, the effects of paraldehyde are but transient, since it quickly passes out of the system; but strychnine remains a longer time, and its effects are more lasting.

Poisoning by paraldehyde is not antagonized, and in general is not modified, by strychnine, either in large or small doses. No mutual antagonism exists, therefore, between the two poisons. Both act centrally—one augmenting, the other diminishing, the reflex action of the gray substance of the medulla.—*Translation from the Deutsche Medizinisch-Zeitung, October 4, 1883, in The Polyclinic.*

Croup and Diphtheria.—G. W. Church, M. D., Shaftsbury, Mich., writes: In the July 10th (1883) number of the *Age*, in reporting the transactions of the American Medical Association. I notice remarks on "Unity of Diphtheria and Membranous Croup"—a paper read at the Association by Dr. A. Harris, of Virginia.

In reference to this subject, it probably is generally known that very many physicians throughout the country hold the views of Dr. Harris, viz: that these two diseases are not two, but one and the same—identical. If so, how shall we account for the difference in morbid anatomy and symptomatology?

1. Croup is sporadic; diphtheria is contagious.
2. Croup is non-contagious; diphtheria is contagious.
3. The pseudo-membrane in croup is strictly *upon* the mucous membrane; in diphtheria it is not only upon, but infiltrated and sub-mucous.
4. In croup we have to deal with a local disease, in diphtheria with a constitutional.
5. In croup we have causation: (a) constitutional tendency, (b) vicissitudes of temperature, (c) the inhalation or swallowing of

irritants; in diphtheria (these do not act as causes), exposure to the *materies morbi* only.

6. The pseudo-membrane in croup has, I believe, never been known to invade other parts; in diphtheria it may be found on almost any delicate surface, as the lining of the external ear, the vagina, under the prepuce, conjunctiva, stomach, and on the cutaneous surface, if denuded or cut.

7. The most important difference is found in the state of the blood, after death.

It would seem that the idea of their unity was drawn from coincidences—the pseudo-membrane in both, and the cynanche (not always present in diphtheria, but always in croup, and the principal feature in the case).

As to the neuropathic elements of the two diseases, the profession are as little agreed as to their unity.

Paralysis of the laryngeal apparatus does not account for the symptoms, and the idea seems borrowed from diphtheria. Spasm seems to fully account for these symptoms. Do not our conclusions get the start, sometimes, of our reason?—*Med. Age, July 25.*
—*Fort Wayne Med. Jour.*

Treatment of Typhoid Fever.—Dr. Delafield (in New York Medical Record) says:

“A fair idea of the manner in which typhoid fever is treated in New York may be gathered from the routine of the different hospitals.

In the New York Hospital many patients are simply put on a milk diet, with the addition of a moderate amount of whiskey, and no other treatment is used. Peptonized milk instead of ordinary milk is thought to be of service. For high temperatures the body is sponged with equal parts of alcohol and water, and sometimes the fluid extract of eucalyptus is given in fifteen-minim doses. Quinine is not much used. Tympanites is treated with turpentine internally, and in stupes over the abdomen. Opium is given when there is hemorrhage from the bowels or excessive diarrhœa.

At St. Luke's Hospital the treatment is the same, except that quinine is sometimes employed to reduce the temperature, and ergotine hypodermically for intestinal hemorrhage. Either opium or chloral are used to control restlessness and sleeplessness.

At St. Francis' Hospital, if the cases are seen early in the disease, large doses of calomel are given, with the idea of aborting the disease. Quinine in large doses is given to most of the patients. The salicylate of soda or the benzoate of soda are given by some of the physicians throughout the disease. Cold water in any form, to reduce the temperature, is but very little used. A solution of the acetate of alumina is given to nearly all the patients to prevent or control the diarrhœa.

At St. Vincent's Hospital quinine in doses of two grains every two hours is given to control the temperature. Cold water is not employed. Opium is used with diarrhœa and intestinal hemorrhage.

At the Mount Sinai Hospital quinine in large doses is given to

nearly all the patients. Cold water is not much used, but sometimes the patients are sponged off.

At Bellevue Hospital the treatment varies in the different divisions.

In one division, the peptonized milk is much used. Quinine, in large doses, is given when the temperature reaches 103° , and sponging is also sometimes used. Opium, the bromides, and cold to the head are used for the restlessness.

In another division quinine in moderate doses is given to most of the patients. For temperatures over 103° sponging with cold water or the Kibbee cot and sprinkling with cold water are used. Opium is given when needed.

In another division carbolic acid, gtt. j, and tincture iodine, gtt. ij, every two hours, are given early in the disease. Quinine in ten-grain doses every half hour is given to reduce the temperature. Sponging with cold water is sometimes used. Opium is employed for severe diarrhœa.

In another division occasional sponging, and whiskey and opium when required, are the only treatment.

At the Roosevelt Hospital full bathing has been tried in many cases, but now cold sponging is more used. Bismuth and pepsin are given to many of the patients.

In all the hospitals milk, either simple or peptonized, is the regular diet of the patients.

Benzoate of Iodine is recommended by Dr. W. P. Watson, in the Medical Record, in the treatment of acute gastro-intestinal diseases—dysentery, cholera morbus, colic and the like. The philosophy of its action he does not undertake to formulate but has found it to give quick and permanent relief. In a case of dysentery reported, where the symptoms were quite urgent and had failed of relief by various diarrhœa mixtures domestically given, relief was marked at the first dose, vomiting and tenesmus being soon entirely restrained and the discharges becoming feculent. It was given in doses of seven and a half grains, every half hour, in simple elixir, until four doses were taken. In three similar cases it proved satisfactory.

In a case of cholera morbus fifteen grains were given at once and half that quantity repeated at half-hour intervals, with complete relief in a few hours. The same treatment was used in a case of severe intestinal colic, where morphia was known to have had bad after effect, was attended with similar results, relief coming within a few minutes after the first exhibition of the remedy. It has also been found useful in the bowel complaints of children when the passages are greenish, lumpy, mucoid and frequently streaked with blood, giving it in hourly doses of one grain for each year of age of the child.—*Med. Annals.*

Auto-Transfusion in Hemorrhage.—Attention has been quite frequently called to the value of auto-transfusion in cases of severe hemorrhage. In the *Wiener Med. Blatter*, of February 23d, Professor Braun relates a case of inversion of the uterus in

parturition with severe and almost fatal hemorrhage, in which this method was resorted to. Elastic bandages were wrapped around the legs, with an immediate dissipation of the alarming symptoms. The hips were raised, ether injected, and stimulants administered. The bandages were kept on for nineteen hours. This method is especially applicable to post-partum hemorrhage from any cause, and is easily and quickly applied, much more so than transfusion. Doubtless, so prolonged an application might have its dangers in a few instances, but the advantages would far more than counter-balance the dangers. It may be remarked that the inversion was caused by pulling on the cord of an adherent placenta, a far too frequent error, we fear, in view of the dangerous results which have, in many instances, followed it.—*N. Y. Med. Rec.*

Syphilitic Inuoculation of Monkeys.—At a recent meeting of the Societe Medicale des Hopitaux, Dr. Martineau announced that the monkey he inoculated on November 16, 1882, with syphilitic matter from a patient of his, after having presented the characteristic lesions—hard chancre, followed by the various syphilides (papulo-erosive)—became affected ten months after inoculation with ulcerous syphilide of the mucous membrane of the palate, which has healed. This case is interesting in so far as it proves that the evolution of syphilis in this monkey is following the usual course observed in man, and will tend to affect the theories in vogue respecting the natural history and origin of syphilis.—*N. Y. Med. Rec.*

Cascara Amarga.—Dr Tangeman reports, in *Therapeutic Gazette*, the following case treated with Cascara Amarga: Henry K., aged 28, German, carpenter by occupation, made application for the relief of a chancre, which was about the size of a large pea, situated on the prepuce. Patient was very anæmic (though formerly quite healthy), weak, and covered with a pustular eruption. The lymphatic system was involved; some of the glands were enlarged, especially those in the groin, amounting to a bubo on one side. Patient was put on cascara amarga at once, to the exclusion of all other remedies, one teaspoonful three times a day. Improvement was marked; the eruption now disappeared, the bubo did not go to suppuration, and the initial lesion healed rapidly.

But here comes the most interesting portion of the case: The appetite that was wholly lost returned, bowels that were constipated acted very nicely under the influence of this drug, and the patient, in the course of a week, felt buoyant. Altogether, that one case consumed about one pound of cascara amarga. In three weeks he was discharged as cured. During the whole course of treatment there was not a single complaint that the medicine was affecting him badly, which is frequently the case where mercury is given, and often long before your case is ready to be discharged. It is a very mild remedy, and in reality should be prescribed prior to the employment of any other specific remedies, instead of being resorted to only when our old stand-bys fail to relieve.

Case 2 was one of gonorrhœal rheumatism, where the patient had suffered all the pain peculiar to this disease for months. He was a sporting man and had led a sort of a dissipated life, though he was not broken down in strength. He had tried all the remedies, both patent and regular, he claimed, without a particle of relief, not even as much as to relieve the pain sufficiently to obtain one single night's sleep; the seat of the trouble was mainly in the knees and ankles; they were sensitive to the touch. Such was, in short, the patient's condition when he made application for relief. The firm of Parke, Davis & Co. had supplied me a sample of the above drug, and although it was a little out of my domain, I concluded to embrace the opportunity and determine the effects of amarga in this most tedious trouble, as those will know who have ever attempted to treat gonorrhœal rheumatism.

R Cascara amarga (P., D. & Co), }
 Jamaica dogwood, } aa. 3 ij.
 M. Sig.

One teaspoonful every three hours in a little water was prescribed and the patient discharged with the request to return and report the results. Five days later he returned, and from the smile on his face I could readily read his condition; he could walk very much better, had slept soundly every night since he commenced taking the medicine, and the fact that is to be emphasized is that his stomach was in good condition, which is more than ever can be said for mercury and iodide of potassium. The same prescription was given as before, and patient took no more medicine; he, himself, was surprised at the result, since he had swallowed all the nostrums that had ever been advertised to have any specific effects.

Petroleum in Phthisis.—Consumption.—The almost hopelessness of phthisis pulmonalis in the most ordinary cases behooves us to be on the lookout for even a palliative. One theory after another is swept away. Pathological investigation of the most minute microscopical kind fails to detect the cause of this dread disease. The discovery of Koch led us to hope that the cure of it was in our reach, but his supposed discovery of the bacillus has been proved fallacious by other investigators. We are as much in the dark in regard to the ultimate cause of tubercle as ever.

Laying all theory and scientific investigation aside, what can be done in the way of treatment?

Reading an article several years ago by Dr. M. M. Griffith, of Bradford, Pa. (oil country), in regard to the use of petroleum mass in phthisis and chronic bronchial diseases, I have ever since followed his plan and with the most gratifying results:

CASE 1. A wood-chopper; complete dullness on left upper lobe of lung; no expectoration; hacking, irritative cough; good appetite; night sweats. He did not think there was anything wrong with his lungs; he thought something was wrong with him, didn't know what; had no fever; pulse and temperature somewhat above normal.

I gave him a box of petroleum pills, four or five pills daily, and

to paint the left lung night and morning with tincture of iodine, to remain in the pine woods and report every two weeks.

He followed my directions promptly, and after three months treatment I fail to find any remaining dullness, or cavity, respiratory murmur perfectly clear, night sweats entirely gone. To all appearance he is cured. He states that "he can peel as much bark and chop as many logs as ever." The deposit seemed to be absorbed without cough or expectoration. There was no hereditary taint in his family.

CASE 2. Mr. J. B., aged thirty-nine, fair skin, sandy hair, blonde, occupation miner, family history good, called to see me December 1st, 1881. For a year he had pain in his chest, cough, expectoration and chills. Emaciation of body. Pulse 100, standing; respiratory murmur increased; slight dullness on percussio of the left upper part of lung; pain sharp, with tenderness on pressure and percussion; cough irritated the larynx; expectoration tough, difficult, brownish, about two ounces per day. Had chills, with hectic fever following, dyspnœa and palpitation, skin dry and harsh. This was plainly a case of phthisis pulmonalis.

He was given petroleum pills, one five times per day, counter irritation over diseased lung. R. Tincture calisaya, iron and strychnia. Teaspoonful tet die.

The first time I saw him after prescribing was one month. The improvement was considerable, cough and expectoration diminished, appetite fair, pain in lung did not trouble him much; stopped the tonic, continue the pills and use no other medicine.

In six months from December 1st he writes me that his health is better than for years. He has resumed his work in the mines and feels strong and well.

At this date he writes me that his old trouble has not returned. I think this was a genuine case of consumption cured. I have a list of fifteen cases of what I consider true phthisis—ten of which were to all intents and purposes cured, three very much benefitted and two died. It is not only in phthisis that the petroleum acts beneficially, but in all old chronic bronchial diseases. I have nothing new to offer more than has been said by others. I am sure this remedy is not receiving the attention it should by the profession. The dose usually prescribed is too large. The mass is the most eligible form of administration. I have very little experience with the oil, do not use it at all, the pill form being the most convenient and eligible.—*M. Milton, M.D., in the Cincinnati Lancet and Clinic.*

Treatment of Puerperal Convulsions.—Dr. Newcomer, (in Weekly Medical Record) says:

I have met six cases of eclampsia, all of which were bled largely except one. I will not tire you by giving the cases in detail, but simply say that four of them were primipara, and the other two had borne children before. In two the attacks came on during labor; I bled them freely, gave chloroform and hastened the delivery; with the completion of labor the convulsions ceased. In two (primipara) the attacks came on about the eighth month of

gestation ; came on without any premonition, or labor pains, or dilatation of the os. I bled them profusely, and kept them under the influence of chloroform four to six hours, and gave them bromide of potass.; did not interfere with pregnancy ; in about six days they were taken with labor pains, and still-born children were expelled, without any return of convulsions ; in the other two the convulsions came on after the completion of labor, one of which had only one spasm and yielded readily to the soothing influence of bromide of potass. and chloral, the other one had twenty-one spasms before I got to see her. I bled her severely, after which I kept her under the influence of chloroform for about six hours, after which she had no more convulsions ; her tongue was so badly bitten and swollen that it protruded from her mouth for several days, which gave her a frightful appearance. She was discharged well in about ten days.

My experience, as I have said before, has not been large in the treatment of eclampsia, yet I cannot complain of my success in its management. I would not bleed an anæmic patient with eclampsia, but I have never met with such a one. My cases were all quite healthy with a tendency to plethora. Dr. Ohl, in the article formerly referred to, gives an account of over thirty cases of eclampsia treated by himself, with a mortality of two ; one of these was moribund when he first saw her. She was not bled, and the only one of all his cases that was not bled ; this is decidedly the best showing of any of the authors that I have consulted. I feel quite sure that I have averted, on several occasions, attacks of eclampsia by timely bleeding, and yet, after all, we cannot always tell how much or how little good we do. A recent writer observes that "it requires a very accommodating conscience to ascribe every fatal case to circumstances over which we have no control, and to attribute successful cases to our interference." I would not say that my treatment of eclampsia is better than ethers, but as long as it is successful in my hands, I feel justified in continuing it, and recommending it to others.

Hot Milk as a Restorative.—Milk that is heated to much above 100° F., loses, for the time, a degree of its sweetness and its density ; but no one fatigued by over-exertion of body and mind, who has ever experienced the reviving influence of a tumbler of this beverage, heated as hot as can be sipped, will willingly forego a resort to it because of its having been rendered somewhat less acceptable to the palate. The promptness with which its cordial influence is felt is indeed surprising. Some portions of it seem to be digested and appropriated almost immediately ; and many who fancy they need alcoholic stimulants when exhausted by labor of brain or body, will find in this simple draught an equivalent that shall be abundantly satisfying, and more enduring in its effects.—*Pop. Sci. News.*

New Code.—At the meeting of the New York County Medical Society, on the evening of the 22d ult., occurred the first clean and above-board test of strength in New York City between the

New Code and the Old Code adherents. In previous contests on this question strategy and tricks largely influenced the result, but at the annual election on the 22d the issue was clearly made. The Old Code men had a very considerable advantage as regards their candidate for the Presidency—Dr T. Gaillard Thomas, a gentleman of great popularity and of rare personal magnetism. The vote on officers was, however, clearly understood to be on a question of measures and not men, and when the ballots were counted it was found by the election of Dr. Van der Poele, that the New Code was sustained by a majority of 155—Dr. Thomas receiving 220 votes and Dr. Van der Poele 375. This very decided vote very effectually settles the question of professional sentiment, outside of the specialists, on the New Code in New York City.

The next and probably final struggle will be at the meeting of the State Medical Society in the coming February. The result of that struggle is no longer very doubtful.—*Med. Age.*

Hæmoptysis.—Dr. Brown says: Of drugs, ergot seems to be the most powerful in checking hæmoptysis. The extractum ergotæ fluid may be given in doses of a teaspoonful every fifteen minutes, until the hemorrhage is stopped, and then continued in smaller doses, or it may be given by hypodermic injection, in doses of fifteen drops, or ergotine may be used. If the stomach is irritable, ergotine may be given per rectum. Sometimes ergot will have no appreciative effect. Upon such circumstances I think that gallic acid is the next best remedy. I frequently combine it with aromatic sulphuric acid, which makes a more efficient and pleasant mixture:

R. Acidi gallici..... 2 3,
Acidi sulphurici aromat..... 1 3,
Glycerine..... 1 3,
Aquæ—q. s. ut. ft..... 4 3
M. Sig. A tablespoonful as required.

This is to be given every hour, every half hour, or at shorter intervals, until the hemorrhage is brought under control. This, I think, ranks next to ergot, and where ergot produces no effect I usually resort to this combination.—*Med. Brief.*

To Remove Fish Bones from the Throat.—To remove fish bones from the throat, Prof. Voltolina, at Breslau, recommends a gargle composed of muriatic acid, four parts; nitric acid, one part; and water, two hundred and forty parts. The teeth have to be protected by lard or oil. The fish bones become flexible, and they disappear entirely after a short time.—*Med. and Surg. Rep.*

Small-pox.—Petroleum as an Ectrotic.—Dr. Kannenski states that he has obtained excellent results, even in the confluent form of small-pox, by painting the skin with a solution of petroleum in olive oil, one to three or four.—*Przegląd Lekarski.—Therap. Gaz., July 16.*

SCIENTIFIC ITEMS.

Gas Poisoning.—Prof. M. Von Pettenkofer says it is a fact frequently proved that when a gas-main breaks in the street, people in the nearest houses are frequently taken sick and may even die. At all events death results from the carbonic oxide, of which there is about 10 per cent. in coal gas. It can always be detected in the blood of the sick or dead by Hoppe-Seyler's test. It is also a fact that such breaks are more dangerous in cold weather. The reason why more gas finds its way into the houses in winter than in summer is due only in part to the higher pressure on the gas during the long winter nights, as well as the frozen soil above has less penetrability, but far more to the important fact, which can be proved experimentally, that in winter the interior of the house acts like a chimney upon the air in the ground and cellars.

Max Graeber had already established the minimum limit for injurious quantities of carbonic oxide in the air, by a series of experiments upon animals, as 0.6 to 0.7 per thousand. There are decided symptoms of illness with 1.5 per thousand, which increases to 2 to 3.5 per thousand, without fatal results, even if such air is breathed for many hours. But when the quantity reaches 4 or 5 per thousand, fatal poisoning rapidly follows. Cramps set in with *episthotonus*, and the animals soon cease to breathe.

In one accident that occurred in Munich, where the room held 28 cubic meters (988 cubic feet) of air, 1.44 cubic meters (about 52 cubic feet) of coal gas sufficed, when mixed with the air, to reach 5 parts per million.

As a precaution against ground air contaminated with illuminating gas from entering houses, Von Pettenkofer recommends the police, the gas engineers, and private citizens to open all cellar windows as well as those on the ground floor of threatened houses, so as to prevent directly sucking in the ground air or render it harmless by dilution. Moreover, the smell of gas serves as a warning.—*Drug. Circular.*

Metallized Wood.—The following process, said to be of French origin, is given in Geyer's Stationer :

The wood is first immersed for three or four days, according to its permeability, in a caustic alkaline lye (lime and soda) at a temperature of from 75° to 90° C., (167° to 194° F.) From thence it passes immediately into a bath of hydrosulphate of calcium, to which is added, after 24 hours, a concentrated solution of sulphur in caustic potash. The duration of this bath is about 48 hours, and its temperature is from 35° to 50° C., (95° to 122° F.). Finally the wood is immersed for 30 or 50 hours in a hot solution (35° to 50°) of acetate of lead. The process, as may be seen, is a long one, but the results are surprising. The wood thus prepared, after having undergone a proper drying at a moderate temperature, acquires under a burnish of hard wood a polished surface, and as-

sumes a very brilliant metallic lustre. This lustre is still further increased if the surface of the wood be first rubbed with a piece of lead, tin or zinc, and be afterwards polished with a glass or porcelain burnisher. The wood thus assumes the appearance of a true metallic mirror, and is very solid and resistant. This should furnish the picture and photo frame-maders with a material for working up into a variety of new and attractive goods.—*Drug. Circular.*

Climate and Character.—An interesting summary of the opinions of a number of foreign savants concerning the influence of our climate in bringing out the peculiarities which distinguish the American character, is given by Mr. C. E. Young in a late issue of the *Stanitarian*. Dr. E. Reich, in noting the differences between the English and the Americans, although they are of the same race, is quoted as asserting that the differences in question are ascribable to the contrasts of the climates of the two countries. The American atmosphere, he says, "is much too dry for the Anglo-Saxon race, and in point of heat too excessive; from this results the exaggerated nervous activity, the excesses of the national character, and the mad chase after the material things of the world."

Dr. Pettendofer ascribes the nervous temperament characteristic of the American people, to the dryness of our climate. He has investigated the comparative loss of heat suffered by a person breathing moist and dry air, and finds that more heat is lost in the latter case than in the former, and that more is created. In consequence of this, the circulation is quicker and more intense, life is more energetic, and there is no opportunity for the development of an excessive amount of flesh or fat.

Essentially the same conclusions are reached by Dr. De Pietro Santa. Dr. Ludwig Buchner, a well-known German author, says that he has noticed among Americans a tendency towards the typical characteristics of the Indians—in face and form, gestures and movements. Dr. Carl Reclam compares the air of this country with that existing in elevated regions, its lightness and dryness producing substantially the same effects as the air of heights upon the physical and mental peculiarities of Americans.

Mr. Young finally gives his own conclusions in the following language: "The dry air with us produces nervous, energetic, large-jointed skeletons, which have little or nothing in common with the stout, fresh, rosy, phlegmatic inhabitants of the mother country. Not only is the physical resemblance lost in the second generation, but the mental also, and ideas especially Britannic give way to ideas peculiarly American."—*Ibid.*

Protective Coating for Glass.—Mr. Schael proposes for the protection of retorts and other apparatus of glass exposed to high temperatures, a mixture of kieselguhr (infusorial earth) and of soluble sodium silicate. This mass is applied as a soft paste so as to form a coating of 5 to 10 m.m. in thickness. The articles are then dried slowly.—*Exchange.*

PRACTICAL NOTES AND FORMULÆ.

Harness Polish.—Useful to doctors.

Mutton suet.....	2 ounces,
Beeswax.....	6 "
Powdered sugar....	4 "
Yellow soap.....	2 "
Lampblack.....	1 "
Indigo.....	$\frac{1}{2}$ "
Water.....	$\frac{1}{4}$ "
Oil of turpentine.....	$\frac{1}{4}$ "

Dissolve the soap in the water, add the other ingredients, except the turpentine, melt and mix well together. Finally, add the turpentine. The mixture is applied on the harness with a sponge, and polished with a brush.—*Drug Circular*.

Creasote Wine, recommended in phthisis, to diminish cough, fever, expectoration, etc., (New Remedies):

Wood creasote.....	6 parts,
Compound tinct. of gentian.....	30 "
Alcohol.....	530 "
Sherry wine.....	710 "

M. Dose, a tablespoonful two or three times daily in a cupful of water.—*Low. Med. News*.

Iodoform in Hypertrophied Spleen.—Dr. Francis A. Evans writes in Medical Summary: I have lately treated ten cases of hypertrophied spleen very successfully with the following formula:

R Iodoform.....	grs ij,
Saccharated ext. gelseminum.....	grs. iv,
Digestin.....	grs. xij.

Triturate into twelve doses: giving two doses daily, morning and evening. Manipulation every evening by kneading. Oil the ague cake with simple cerate, or cerate and ext. hædalia. The second course is sufficient. Give on seventh or eighth day a powder containing

R Podophyllin.....	gr. $\frac{1}{2}$,
Bitartrate potass.....	grs. iij,

and the enlarged spleen is gone.

Local Anæsthesia.—The Medical News says local anæsthesia may be readily produced by applying, with a camel's hair brush, the following mixture:

R Chloral, }	aa.....	3 j,
Camphor, }		
Morph. sulphat.....		3 ss,
Chloroform.....		3 j.

Sig. To be applied with a brush to the area to be incised.

Application for the Removal of Scars.—

R	Borax.....	3 iss,
	Salicylic acid.....	grs. xij,
	Glycerine.....	3 iij,
	Rose water.....	3 vj.

M.

Lint soaked in this solution and allowed to remain some little time each day will frequently mitigate the visible results of burns, small-pox scars, ringworm, etc.—*Med. Summary.*

Eczema of the Head in Children.—The following prescription has been highly recommended by Mr. Lassar in the form of eczema capitis observed in very young children :

R.	Acid salicylic.....	3 ss,
	Tr. benzoin.....	3 j,
	Ung. petroli.....	3 iij.

M. The child's head should first be thoroughly washed with castile soap, and then carefully anointed three times daily with the ointment.

• If the crusts are hard and difficult to remove, they may be softened with olive oil containing two per cent. of salicylic acid.—*Med. and Surg. Rep.*

Chronic Chills.—We have found the following to be a very reliable remedy in chronic chills:

R.	Sulph. cinchonidia.....	} aa. grs. xx,
	Chenoidin.....	
	Podophylin.....	grs. iij,
	Ipecac pulv.....	grs. xv,
	Capsicum pulv.....	grs. xx.
• Make into five-grain pills.		

M. Sig. One every three hours with water slightly acidulated with muriatic acid. We have not failed on a case using this.—*Atlanta Med. Jour.*

Nausea and Vomiting in Uterine Affections.—Dr. Cheron (in a foreign journal) found great benefit result from the administration of bromides in an effervescing mixture, of which the following is the formula :

No. 1.—R.	Potass. bicarb.....	gr. xxx,
	Potass. bromid.....	gr. xxx,
M.	Aquæ.....	3 ii.
No. 2.—R.	Acid. citric.....	gr. lx,
	Syrup simp.....	3 i,
M.	Aquæ.....	3 iv.

A teaspoonful of No. 1 to be mixed with a tablespoonful of No. 2, and the mixture to be taken during effervescence. The dose may be repeated every hour or half-hour—the quantities stated in the above formula representing the maximum to be taken per diem.



EDITORIALS AND MISCELLANEOUS.

NOTICE.—*Many of our subscribers have forgotten us in the matter of remitting their dues. Friends, please attend to this matter at once. We are obliged to have money to run the Journal. Our printers are Cash men.* W.

EDITORIAL NOTICES.

RIDGE'S FOOD.—This is certainly a fine preparation. See the advertisement in this issue without fail, and give this preparation a trial.

We invite attention to the advertisement of the Frazier Road Cart, as a matter of interest to the Doctor. It is preferable to a sulky because large enough to take a driver or friend with you if you choose.

SURGICAL INSTRUMENTS.—See the advertisement of A. M. Leslie & Co., Surgical Instrument makers, of St. Louis. We regard this establishment as among the very best in the country.

IMPERIAL GRANUM.—See the special advertisement of this excellent article in this issue of our Journal. The testimonials to its excellent qualities as a food preparation are of a high order.

NO MORE UNDERBIDDING.—We note that the Hospital College of Medicine and the Kentucky School of Medicine have entered into an agreement to make no reduction of fees hereafter, except to an agreed number of beneficiaries, not to exceed five in the former and eight in the latter. An example worthy of emulation.

Rare Chance for a Doctor.—A practice worth \$2,500, with large, comfortable House and office, Barn, Stables, etc., with Fifty acres of Land, No competition; people hospitable and good pay. Will sell or rent on easy terms.

Parties desiring information as to the owner and locality of this desirable property may obtain it by addressing,

Dr. R. C. WORD, Editor Southern Med. Record.

PROF. POWELL'S LECTURE.

The profession will doubtless read with interest Prof. Powell's opening lecture made to the class of the Southern Medical College at the present session.

The fitness of Atlanta as a medical centre for the South is, we think, conclusively shown, and also the ample facilities furnished by the Southern Medical College for a high order of medical education. The important points also, that correct principle and moral training are not disregarded by the Trustees and Faculty of this school will be favorably noted by the medical profession, and by all who desire to send their sons to a medical institution.

There were many visitors present when the lecture was delivered, and it was by a resolution of a prominent citizen, seconded by the class, and carried by a unanimous vote that the lecture was published. W.

TRUE PROGRESS, MORAL TRAINING IN MEDICAL SCHOOLS.

The dawn of 1884 will shed its light upon the grave of a dead year, that has been pregnant with many successful achievements in art, science, literature and general material prosperity. The ever onward movement of the revolving years, is typical of the incessant activity in all animate nature. But while seasons come and go—the vernal freshness of spring, the roses of summer, the “harvest home” under autumn skies, and the chilling blasts of the snow-shrouded winter man alone is dissatisfied with his condition, and fixes his eye on some progressive step that will insure successful results to the desire of his heart's ambition.

We fear though that among the majority of people the word “progress” is not truly understood. The idea seems too much to prevail that to progress, simply means to go ahead—to push on—dash every obstacle aside, and reach the desired goal of ambition, whether by legitimate means or not, so the object in view is attained at last.

But this is a very erroneous conception of successful achievements in any advanced movement that will benefit and elevate individuals or mankind at large.

True progress consists—first, in a worthy object to attain; next, a plan of comprehensive, practical and honorable means by which to prosecute the work; and, lastly, an energetic spirit that will never despond, but grasp every lawful opportunity with a hopeful, undaunted enthusiasm, and use every legitimate facility that will aid in reaching the very highest possible attainment of the object in view, which object should never be for selfish purposes and personal aggrandizement, but for the welfare of humanity in the aggregate. In a word, progress, ostensibly for the broader civilization of the human race, is an evil rather than a good, unless its chief motive-power is a strong moral force. Every intelligent observer of men, morals and measures in this country, during the last fifteen or twenty years of our progressive civilization, will at once see the indisputable truth of this assertion.

Though much has been said and written upon a higher standard in medical education, we do not think the profession at large is fully aroused upon this important subject. We talk, and plan, and execute for progress in medicine, so as to push on and advance with the spirit of the age, but in doing so we are losing sight of many characteristics of the physicians of the “old school” which are indispensable to give an elevated tone to the standard of medical education, and to keep unsullied the code of ethics instituted and nobly lived out by so many of our illustrious predecessors.

Among these characteristics are cordial and undeviating professional courtesy, dignity of principles, strictly honorable methods, and the sacred obligations of the fraternal bond of union of the medical profession.

Retgression in these respects, no doubt, is due to defects in both home and school training—to the decline of private and public moral sentiment—to the absence of high principles in the methods and actions of men, and of that reverent spirit for truth, justice, honor, fair dealing, and all the noble attributes

of humanity, without which no man can properly estimate the character of another man, though he be unspotted by moral corruption.

The celebrated Dr. Channing has said that no human being, man or woman, can act up to a sublime standard without giving offence; and it is also notable that more men, perhaps, are persecuted for doing right and adhering to the truth, than for doing wrong and propagating falsehood.

Facts like these show that the moral statue of mankind is lamentably deficient in proportions; but he who in his life-work endeavors to exalt this statue to a more lofty height is the true hero in the ranks of humanity—the man of noble action and sublime moral courage.

The preliminary education of the student of medicine should not be obtained only from books. It should be broad and liberal, and of such a nature as to enable him to comprehend with a charitable, but intelligent spirit, the methods and actions of men—to discriminate between the evil and good in nature, and to choose the right in all things; not only because of its honor, purity and refining influence, but because all true and lasting success is the doing well whatever you do, with the solid ground of truth and integrity for the enduring basis of the work.

The student of medicine will then be prepared to aspire to the highest attainments in medical science, and to labor for that end with an upright, conscientious motive, and will illustrate in the profession the high standard of our ethical code. The young profession thus trained and prepared will also be enabled to see that an honorable competition between schools of medicine, is right and proper, and that the emulation of a higher education in these schools should elicit commendation from the whole profession, rather than discourtesy, injustice and underhanded methods from any of its members; all of which stains the escutcheon of medical jurisprudence and lowers the tone and dignity of its character.

Colleges which, by misrepresentations, etc., entice students from other schools of medicine, or obtain patronage by any other dishonorable methods, do so in violation of our code of ethics; and such action must, perforce, exert an evil influence over both students and faculties, and disseminate demoralization throughout the professional ranks. Such schools should not be encouraged, but condemned by our journals and by the public. No matter how high the position a physician may hold in medical circles, he should have no more license to violate the laws that govern the profession than the most humble practitioner.

The observance of our code should be equal and uniform throughout the professional world, and the public in general, as not less than the profession, ought better to understand our ethical law, and encourage such institutions of medical training as are upright and honorable in all their methods and measures.

While medical schools should be charitable towards each other, and maintain inviolate our articles of jurisprudence, yet they have the right to properly advertise their institutions and fully set forth their claims in our journals, in circulars and newspapers, or in any dignified manner. Believing thus, we have not hesitated to advertise the SOUTHERN MEDICAL COLLEGE, of Atlanta, Georgia, by all honorable methods.

The members of the Faculty have honestly endeavored to put its merits

and its claims before the public, and as it has been, from the beginning, their purpose and ambition to emulate in this school the best methods of medical education, characterized by a pure moral tone, the profession ought, and we believe will, encourage and sustain an institution that strives to be worthy of a discriminating and liberal patronage.

T. S. P.

\$100,000 PREMIUM.

At the American Health Association, which assembled last at Savannah, Georgia, a resolution was adopted to memorialize the Congress of the United States to offer a Premium of \$100,000 for the "Discovery of the Cause of Yellow Fever, or any certain means of effecting its prevention, destruction or harmless modification."

THE NEGRO WITH A TAIL.

The case of Prof. Johnson, relative to a singular tumor which he recently removed from a negro, at the clinic of the Southern Medical College in this city, is a feature of interest in the present number of our Journal. The negro had attracted much attention, and the Darwinites in our community were jubilant over this case as furnishing indubitable proof of the descent of the negro from the monkey tribe. It is unfortunate, however, that this negro's tail does not exactly come out from the right place.

TO THE READER.

This number of our Journal will be sent to many who have, perhaps, not before seen it. It is not an average example of the practical character of the Journal and its adaptation to the wants of the busy practitioner.

If you will glance at the contents you will get an idea of the variety and wide scope of information contained in a volume of 480 pages of our Journal. Something may be seen on almost every topic in the field of practical medicine, and scarcely a single monthly issue can be found which does not, of itself, indemnify the subscriber for the small amount of \$2.00 a year required as the subscription. Try it for six months at least, and you will not be likely soon to discontinue or to deprive yourself of the pleasure and benefit to be derived from a monthly visitor so useful and so valuable.

But lest it be said "Let another praise thee and not thyself," we give the following extract of a letter from Dr. P. F. Akers, of Georgia, which indeed is but one of a great many we have received equally complimentary. He writes:

"I like the size and plan of your Journal. It is just the thing for the busy practitioner. The terms are certainly very cheap for the evident care and judgment bestowed upon its contents, in which is a brief of the entire field of medical literature. The profession should sustain it in preference to the cheaper Journals, some of which are trashy, and others largely devoted to puffing the nostrums of the publishers. Such Journals are dear at any price. Were I confined to a single journal I would select yours in preference to any journal in the United States."

REVIEWS.

A Practical Treatise on Materia Medica and Therapeutics, by Roberts Bartholow, M. A., M. D., LL.D., Prof. of Materia Medica and general Therapeutics, in the Jefferson Medical College, Philadelphia, etc. Fifth edition, revised and enlarged. New York: D. Appleton & Co. 1884.

Prof. Bartholow is too widely and favorably known to the Profession to require any special remarks upon his ability as a thinker and writer. This new edition he tells us is made necessary by the late revision of the United States Pharmacopoeia, and the author has adapted his work to the official standard, incorporating all the late improvements in the science and art of Therapeutics. Many valuable additions have also been made and parts rewritten; practical utility being kept in view.

Seventy pages have been added, and by sacrifice of references, etc., much additional matter has been given without loss of useful material and without increasing space. The work, as now presented, is neatly and well gotten out, and contains 738 octavo pages.

The Clinical Index at close of volume will be found very convenient and useful, and the general index is very satisfactory.

The style of the writer is forcible, and compact; nothing irrelevant, and yet sufficiently full for all purposes. An admirable text book, and being complete and well up with the late advances, is also an excellent reference book for the practitioner.

A Digest of Materia Medica and Pharmacy, forming a complete Pharmacopoeia for the use of physicians, Druggists and Students, by Albert Merrell, M.D., Prof. of Chemistry, Pharmacy, and Toxicology, in the American Medical College, St. Louis, Mo., member of the State Board of Health of Missouri. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut street, 1883.

The work contains 512 octavo pages and is gotten out in beautiful style and excellent taste, the style of the writer being easy and graceful, yet terse, pointed and practical. The writer, we suppose, is an "Eclectic," as he is connected with a school of that order, but he makes a good and liberal impression in his preface, the tone and sentiments of which are not objectionable, as he well says that "The spirit of the modern investigator, in every field of science, is selective, eclectic or truly eclectic, evincing no respect for theory or practice, however aged, which does not invite the most rigid examination before claiming acceptance." We of the regular school find no fault with this sentiment and claim that we are truly eclectic in the proper sense of that word, and will not be slow to avail ourselves of anything good from any and any source.

We find in this book many of the new remedies intelligently described, from a practical stand-point, and the dose and therapeutical action well and truthfully presented, and we are willing to accord to the author the distinction, so far as we can judge, of presenting in this book the best work which we have yet seen from the school or system of medicine which he represents.

PAMPHLETS & BOOKS RECEIVED.

Index to Transactions of the American Medical Association, Vols. I—xxxiii. Prepared by Wm. B. Atkinson, M.D., Secretary. Philadelphia: Wm F. Fell & Co. 1883.

Physician's Pocket Day Book, by C. Henri Leonard, M. A., M. D., Prof. of Medical and Surgical Diseases of Women and Clinical Gynecology in the Michigan College of Medicine, etc., Detroit, Mich. An excellent Pocket Memoranda. Has blanks, 20 to 40 formulæ, etc., etc., very useful. Price, \$1 to \$1.25.

Medical Record Visiting List, or Physician's Diary, for 1884, with many special and important memoranda—space for 60 patients per week. Very useful to the practitioner. Full and complete. William Wood & Co., Publishers, New York City.

RECEIPTED.

1882—Drs. J T Lee, to Aug.; R L Seal, to April; B F Darnell.

1883—Drs. R A Shimpoch, A B Loving, A A Hill, T M Beaty, J E Pope, A J Davis, J B Rutland, R B Shelley, J J McGahay, O F Rodgers, Jno Klaner, J D Bass, to Oct.; W B Clement, H T Shiell, F M Fitzhugh, W B Maxwell, W T Foute,

1884—Drs. T L Lallerstedt, R C Little, G McMillan, to Oct.; A H Sellers, A A Davidson; to July; A A Stanley, J H Wysong, W E Jones, to May; H Bruce, J E Gilcrest, to July; Thos Bailey, to July; J A Ryan, to July; E W Robinson, to July; N H Hunter, to July; J C Moody.

SPECIAL NOTICES.

PEARRE, DAVIS & CO.—This magnificent Drug establishment, located at Detroit, Mich., have, by unremitting perseverance and faithfulness in all their business interests, obtained the confidence and good will of the medical profession throughout the entire country. They have accomplished much for the progress of Medical Science and largely benefited mankind by the introduction of new and important Drugs. They are entitled to the thanks of the Profession, and justly deserve the high reputation to which they have attained.

This house has two attractive advertisements in this issue. A new and very interesting one which you should not fail to see on the outside cover page.

Wm. R. Warner & Co.—This splendid Drug House, so widely and favorably known, both to the home and foreign trade, continue to maintain their high position. Their preparations are regarded by the profession everywhere as unsurpassed for purity and elegance. This house has, in addition to their interesting insert—a new and attractive advertisement in this issue which please examine carefully.

Celerina.—Dr. J. Gamble but repeated the testimony of a great many when he wrote the proprietors, **RICHARDSON & Co.**, of St. Louis, the following:

ELK FALLS, ELK CO., KAN., June 2, 1883.

I have been afflicted with periodical sick-headache for about 25 years. **CELERINA** has given me more relief than anything I have ever used. I think as a nerve tonic it is par excellence.

J. GAMBLE, M. D.

DIABETES.—The attention of the profession is called to a new remedy for the successful treatment and permanent cure of Diabetes Mellitus, **GILLIFORD'S SOLUTION**, an aqueous solution of a combination of Bromine and Arsenious Acid. This remedy has also proved very useful in a variety of nervous affections. Manufactured and sold by **R. H. GILLIFORD, M. D.**, Allegheny, Pennsylvania. In half-pint bottles, \$1.00 per bottle. Expressed on receipt of price. Sample free, except expressage.

Very Handy.—A full set of Ahl's Splints, containing a splint adapted to every fracture in the body can be bought at **A. L. HERNSTEIN'S Surgical Instrument Depot** in Atlanta at reduced rates, (\$25). Address, **A. L. HERNSTEIN, Atlanta, Ga.**

Surgical Instruments.—A branch house of the New York establishment of **A. L. HERNSTEIN**, has been established in Atlanta, and will constitute a convenient depot whereat anything in the Surgical line can be bought or manufactured. The Profession throughout the South should note this as an important indication of Southern progress, and should show their appreciation of the same by giving this establishment their encouragement and patronage.

McKESSON & ROBBINS.—This great Drug Establishment of New York, has a wide and long established reputation as reliable and eminently successful business men. Their various preparations are of acknowledged excellence and purity, and are unexcelled for the neatness, taste and beauty with which they are presented to the trade. See their advertisement opposite 1st page of reading matter in this Journal.

More of **ELLIOTT'S SADDLE BAGS** are sold than all other patterns combined. One thousand have been shipped to different parts of the country since January 1st. The proprietor invites a thorough investigation and comparison of every Bag in the market. The U. S. Government did this in 1879, and adopted the **ELLIOTT**. Doctors that do the same thing get the standard article. Send for circular to **A. A. MELLIER, 709 Washington Avenue, St. Louis, Mo.**

MARSHALLTOWN, IA., June 18th, 1883.

I received your samples of **Pinus Canadensis** in due time and have given them a good trial. Was so much pleased with them that I have ordered to-day, through the Chicago house with whom I deal, (Lord, Stoutenburgh & Co.), a supply for future use. Have had unbounded success with the **Pinus Canadensis** (dark) in Leucorrhoea and Gonorrhoea, and shall continue its use until I can get all the merits I can out of it.

ROSA UPSON, M. D.

PHILADELPHIA, PENN., December 22, 1882.

An analysis of seven samples of Quinine Pills, obtained without knowledge of the manufacturers, was made and published in the American Journal of Pharmacy by me, and those made by **William R. Warner & Co.**, were found to be correct as to quantity and purity of Quinine.

HENRY TRIMBLE, Analytical Chemist.

41211304





3 2044 103 003 091

